MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 07359 CERTIFICATE OF DEATH director, 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY D. STATE b. COUNTY be filed MARYLAND funeral CITY OR TOWN (if auxide carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) should omos, dweeks Mams d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET AODRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 30 N YES NO pup 2 NAME OF Middle 4. DATE Manth Day Year filled DECEASED OF (Type or print) Sam DEATH 1960 Pages death 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH Manths Days Hours DIVORCED | WIDOWED [ma yrs. papers. Ę, comp 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Blacksmith & Maintenance Cement Industry Serbia USA ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ē like knowns 17. INFORMANT ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs.Geo.S.Badrich 307 Vista St. Hagerstown.Md. No 213-10-6801 attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO py Canditians, if any, which permit. (b) been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. attending physician. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) cremation, PERFORMED? hos YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) certificate the \$10 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark at wark p. m. detoched for 21. I certify that (1) (this haspital) attended the deceased fram 26 1960 that (1) (we) last 1960, and that death accurred at M, from the causes and on the date stated above saw the deceased alive an TO FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING pe M.D. 22d. ADDRESS 22c. PHYSICIAN'S 3 should NAME (Type) State BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

Rest Haven Cemetery

ADDRESS

YR A15 (4) 15M 9/59

ofter death. Page

certificate be

death

Rest Haven Funeral Chapel Hagerstown, Md.

24. FUNERAL DIRECTOR'S SIGNATURE

June 29,1960

Hagerstown 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR

Md

JUN 3 0 '60 arthur & Krace

Section and 2757 1 Doug Both A T. C. T. Ton Carrier Description of the Secretary Section Section 5.

2 VR A15 (4) ISM 9/59

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that the death certificate be

OWZE)

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HOME

ADDRESS

ROSE HILL

HA GERSTOWN

CIEMID TUEIR Y

25a. REC'D BY REGISTRAR DATE

HACERSTOWN

e. IS RESIDENCE

ON A FARMS

YES NO

Haurs

INTERVAL BETWEEN

PERFORMED? YES NO

(Stale)

SIGNED

(State)

(County)

USA

Year

19 60

Day

10

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TO HOSPITA

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hot. Ifter death. Page 4

may be required by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 6/2 the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 6/2 the funeral director.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

o. COUNTY WASHING	ron		MARY	- 1	o. STATE MARYTA		b. COUNTY		before adm	
RURAL ond give	(If outside corporate lim nearest town) STOWN	ts, write	c. LENGTH OF STAY	_	c. CITY OR TOWN (I	oulside corp				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, a	ive street	1		d. STREET ADDRESS	RICK ST	-		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fig. TV		Middle DA TSY		Lost BARBER	4. DATE OF DEATH	Mon		Day 8	Year 1960
5. SEX FEMALE	And the second second		NEVER MARRIE	D B.	CT 15 1896		9. AGE (In years lost birthdoy) 63 yrs.	IF UNDER 1		IDER 24 HR
100. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	r industr	Y 11. BIRTHPLACE (Sto	SYLVAN	country)		I S A	COUNTRY
FDAT	NKI TN POTT	TO			ATMA 1					
	VER IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO	. 17. INFO		Old Of the	Add	ress		
NO	(If yes, give wor or dates of s	BLANCE]	NONE	SCO	TT A BARBER	R	HAGERST	WIN MAF	TYTA NE)
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	Cor	conary atl	heros	sclerosis				5 yr	•
TCATIC	THER SIGNIFICANT CON							EN IN PART 1	PER	S AUTOPSY FORMED?
	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED.	Enler nature of injury i	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour a. m p. m	10	20d. 11 While of wor	NJURY OCCURRED Not while of work		E OF INJURY (Home, for y, street, office bldg., o		y or town)	(Cou	inly)	(Stote
	nat (I) (this haspita ased alive an		ded the deceased							
22o. SIGNATURE	M	luns	عر	M.I	ATTENDING PHYS.	MED.	STAFF PHYS.	Jun		22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type) B B KN	EISLEY M D				and the same of th	48 Wes agerst	t Washi town, Ma	ngton rylan		et
230. BURIAL, CREMAT REMOVAL (Specif BUR TAL	ON, 23b, DATE THEREO) F	23c. NAME OF CEME ROSE HI		REMATORY METERY		CERSTOWN	MARYI		tote)
Larly Market	COURTERURUNER	AL H	ME ADDRESS HAGERSTO	WN MA	DVTAND	C'D BY REGIS		STRAR'S SIGN	IATURE	

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07362

o. COUNTY (1) ashing tow MARYLANI	a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) ACCOMMISSION CONTRACTOR AND ACCO	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If host in haspital, give street address) OR INSTITUTION (O. HOSPITAL)	d. STREET ADORESS 625 Eligabe the property nue e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) SHARON LYNN	BARNHART 4. DATE OF DEATH JUNE 7 1960
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	June 6, 1960 Instituted of Min. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of porking life, even if retired)	Hagerstown, M. USA-
HENRY BARNHART	PATSY ANN GORDON
(Yes, no, official finish) (If yes, give wor or dates of service) Boure	Eny Bambert GISdros Elizabeth Ave
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO	And June
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Haur a. m. 19 While of work of work	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
	m Jerne 6
22a. SIGNATURE 22c. PHYSICIAN'S 22c. PHYSICIAN'S	M.D. PHYS. ATTENDING MED. STAFF SIGNED 22b. DATE SIGNED 27b. DATE SIGNED 27c. ADDRESS
NAME (Type) LOWIS G. GRAPP, M.	" MIGE. ANTIETAM ST. HAGERSTOWN, MD
23 FUNAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Y OR CREMATORY AND 23d. LOGATION (City, town, or county) (Stote) AND 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
U.E. Mennel - Preencostle	Panner DATUN 10'60 Circling & Kinus
208/272XV2	

perol director, death. Page 4

moy be reit of by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 should be detached for use as the burial-transit permit. Then please-embre carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, whim 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate Be executed within 2# Ha

AL WALLS OF DE SPITAL STANDS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7380 CERTIFICATE OF DEATH

07363

Carrier Carrier	Reg. Dist. No.
1. PLACE OF DEATH OF COUNTY WASHING TON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) o. STATE AD b. COUNTY ASIMOTO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 1874 GERSTOLISM 5 days:	C. CITY OR TOWN (If outside corporate-limits, write RURAL and give nearest town) RURAL - CLEAR SPRINC
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OPINSTITUTION WASHINGTON OR TOTAL	d. STREET ADDRESS PH On a farm? YES NO IN
3. NAME OF DECEASED (Type or print) CLARENCE OMAR	BLAIR DEATH WINE 27 19 60
MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH. 9. AGE (In years IF UNDER 1 YEAR OF UNDER 24 HRS. Months Doys Hours Min. 10/30/1895 Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) CARPENTER Cen. Construction	
BARD BLAIR	MARIA SHAFFER
[Yes, no, or unknown] [If yes, give wor or dates of service]	NFORMANT PS. ELSIE S. Blair, Clearsfering Mid. R. 1
18. CAUSE OF DEATH [Enter only one cause per line (5) (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] DUE TO Conditions if any which	hysrua Stuke and beath
gave rise to immediate cause (a), stating the under- lying couse fast. DUE TO Charuse la	rough ti
CAN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the following of the following of work of work in the following of the following	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	23, 1960, to 6/26, 1960, that I last saw the deceased
actual John St Stom Cahr	accurred at 2.70 A.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. 154 West Washington St. June27, 1960
PHYSICIAN'S NAME (Type) John H. Hornbaker, M. D.	Hagerstown, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL (Specify) 6/29/60 BRETHREN	CREMATORY 22d. LOCATION (City, town, or county) (State) VERCERS BURG, PA. R.Z.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MERCER S B 41	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OATE JUL 5 '60 OATE

	CERTIFICATE OF D	1561	
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continue rate		5283	
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		100 to 1	
		Marine 24	
		DE AULTON	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY O. STATE **b.** COUNTY Marvland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) T.ife Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS Academy Hill Academy Hill NAME OF Middle DATE pprox Month June Day 3 Mc Kav Bown ro DEATH <u>Unknowa</u> (Type or print) Lewis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH 9. AGE (In yours Male WIDOWED | DIVORCED | 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Hagers town Md -House Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Springer Boward Emanuel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) Fred Boward agerstown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying

07364 Reg. Dist. No. Washington e. IS RESIDENCE

I FUNDER LYEAR OF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Known

DATE SIGNED

(State)

Md.

ON A FARMA

Yeor 1 960

YES NO [

couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? Advanced Circhesi Chronic Alcoholism YES NO 🔀 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Kuewn Iujury 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) O. M. Not while of work 🖸 at work 🕟 p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that

Cote, writing the world of the Chief Medical J. DIRECTOR: Page 3 sh TO FUNERAL

VS. A15ME(5) 5M 9/55

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used

Bup

23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son

ACTUAL SIGNATUR

NAME (Type) 220. BURIAL, CREMATION,

> ADDRESS Hagerstown

deoth resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined couse [X

22c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

24a. REC'D BY REGISTRAR JUN 2 0 '60

ASSISTANT MEDICAL EXAMINER

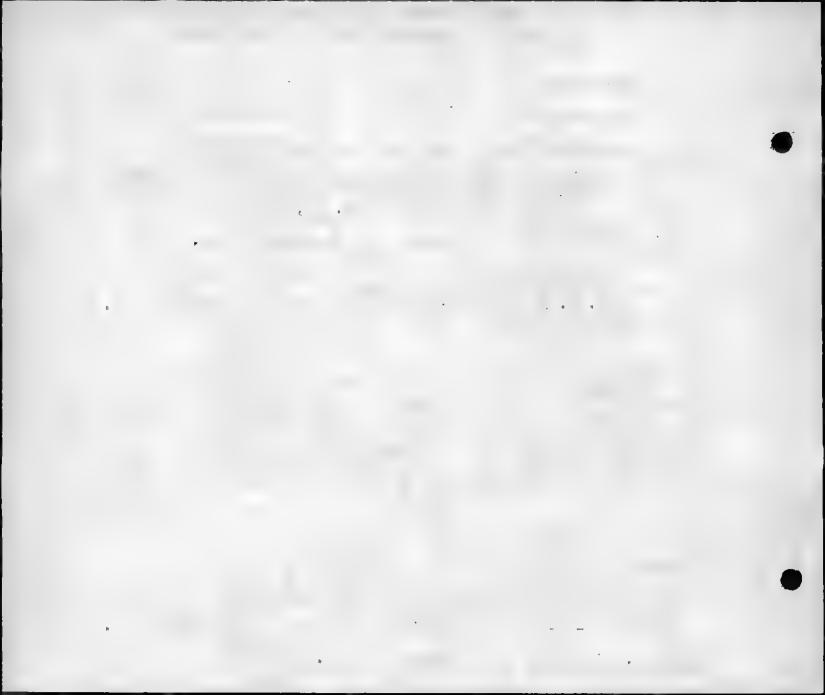
VDEPUTY MEDICAL EXAMINER

M.D. CHIEF MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE

22d, LOCATION (City, town, or county)[14]

Hagerstown



MARYLAND STATE DEPARTMENT OF HEALTH 07365 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a STATE b. COUNTY Washington Washington MARYLAND Marvland c LENGTH OF STAY IN 1b b CITY OR TOWN (if autode carporate limits, write c. CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town) RURAL and give nearest tawn) Hagerstown weeks Sharpshurg Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION E. High Street YES NO X Western Maryland State Hospital Year DEATH 1966 (Type or print) 9. AGE (in years IF UNDER 1 YEAR IF JNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 1888 Haurs March 29 DIVORCED | WIDOWED | Whi te yrs. 10a USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Refrigeration Sharpsburg Metal Assembler U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarhh Peterman Thomas Brashears 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT High Street Mrs. 1da Brashears 18. CAUSE OF DEATH [Enter only one cause per tige, for (a), (b), and (c).] NTERVAL BETWEEN ONSEL AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** throm 605is Candilians, if any, which (b) gave rise to immediate **DUE TO** arterios clero (i) cause (a), stating the underlying cause ast. CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while al wark al wark p. m. 21 | certify that (1) (this haspital) attended the deceased fram. 19. (we) last D and that death deurred at 31 saw the deceased alive an TUIL LM, from the causes and an the date stated above 22a SIGNATURE 22b.DATE SIGNED ATTENDING MED. M.D. 22c. PHYGICIAN'S 22d. ADDRESS 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county, 23a BURIAL, CREMATION. Sharpsburg Mt. View Cemetery June 9-60 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g, REC'D BY REGISTRAR arthur S. Krous DATE JUN

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2.

Filled

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VR A15 (4)

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TO FUNERAL DIRI

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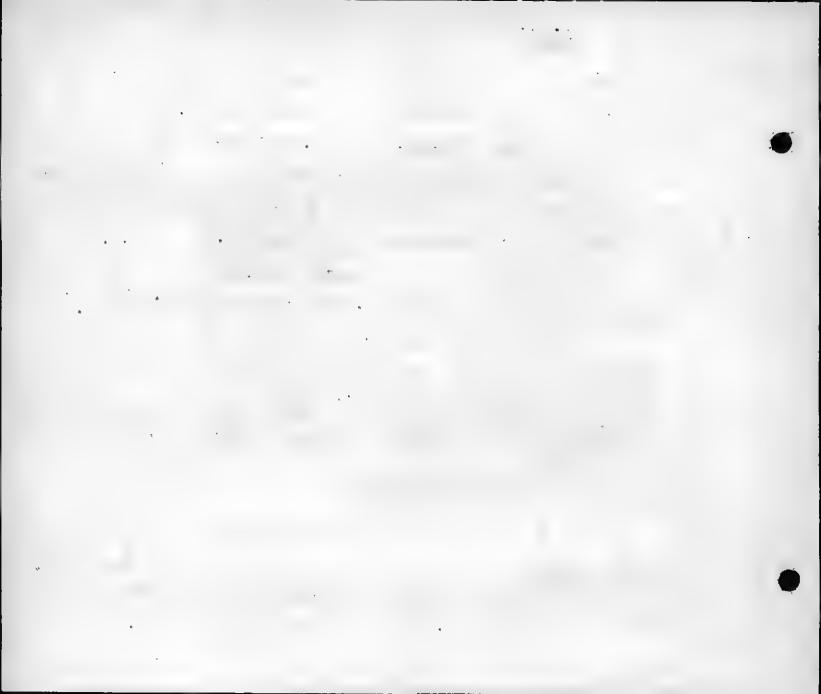
NAME OF

Male

No

5. SEX

DECEASED



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 72.2. CERTIFICATE OF DEATH

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ı		149A OFKILLO	AIL OI DEAIII
		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	0	WASHINGTON MARYLAND	MARYLAND 6. COUNTY WASHINGTON
	ь	p. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 18 RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	0	MAUSANSVILLE LIFE	X MAUGANSVILLE, ND.
	d	OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS 6 IS RESIDENCE ON A FARM?
	_0	MAUGANSVILLE, MD.	MAUGAUSVILLE, ND YES NOTE
	3. N	NAME OF First Middle	Lost 4. DATE Manth Day Year
		Type or print) MARY G.	SURKHOLDER DEATH SUNE 24 1960
	5 S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ist birthdoy) Months Days Haurs Min
	F	EMALE WHITE WIDOWED DIVORCED	1 20 / 18 13 87 19
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
		HOUSEKEEPER HOUSE	MAUGE-DEVILLE, Md. U.S.A.
	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		HOHN E. HORST	ANNA GOOD
			Edgar H. Burkfielder - Hagerstown, Md
	_		
		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE (6) Arterioschero	tic heart disease 8 yr.
		420,0 DUE TO	
		Canditians, if any, which (b)	
		cause (a), stating the under-	
	z	lying cause last. (c) (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	CATION	PART II OTHER SIGNIFICANT CONSTITUTE CONTRIBUTING TO BEATTY	PERFORMED? YES NOT
1		20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCUP	RRED (Enter nature of injury in Port 1 or Port 11 af item 18.)
)	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	MEDICAL	Hour o m yhile Nat while p m. 19 at wark □ of wark □	foctory, street, affice bldg., etc.)
	~		n 1952, to June 24, 1960, that (1) (we) last
		27. 1 certify that (1) (this haspital) attended the deceased from	t death accurred at 250M, from the causes and an the date stated abave
4		saw the deceased alive an Pulle 23 19 Oyand tha	22b DATE
		18 Delleuse	M.D ATTENDING MED. STAFF DIRECTOR PHYS. 1 6/25/60
		22c PHYSICIAN'S	22d. ADDRESS 148 West Washington St.
		NAME (Type) B. B. Kneisley, M.D.	Hagerstown, Faryland
	23o	BURIAL, CREMATION, 236 DATE THERFOF 23c NAME OF CEMETERS	Y OR CREMATORY 23d LOCATION (City, town, ar county) (Slote)
	B	URIDI 6/27/60 MILLERS N	VENNOWIK G.M. Near hectersburg, Mcl.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
		LE Minned - Dependate	Para DATE JUN 27'60 Orthur & Kraus

after death. Page 4 may be it. I by the hosp tal or attending physic on.

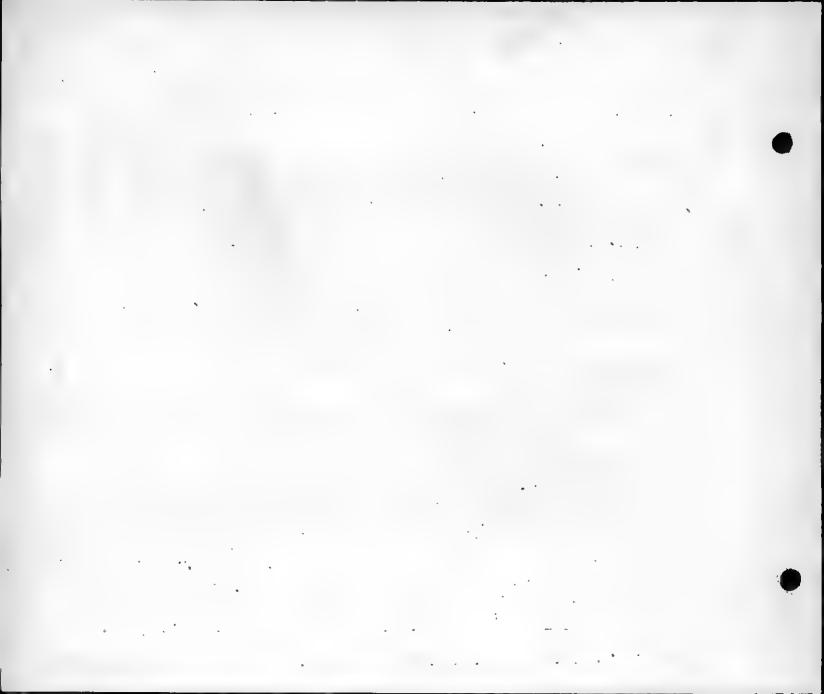
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in cy the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Boord of Health priar to burial, cremation, or remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves TO HOSPIT VR A15 (4) 15M 9/59



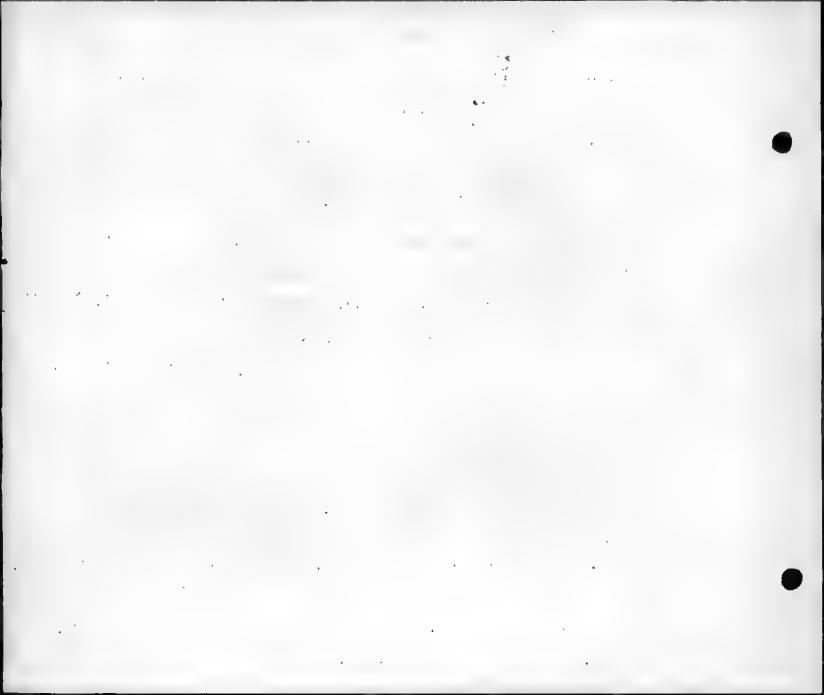
1 ~	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	7383 CERTIFICATE OF DEATH Reg. Dist. No. 07367
	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE D. COUNTY FRANKLIN
death.	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn) LURS. C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) LURS. F. LOCK MAN
the the d 2 show	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 101 BELVIEW AVE. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(NO IN THE
filled (3. NAME OF First Middle Bilers 4. DATE Month Day Year (Type or print) Chayles H. Bilers DEATH FRANCE J. 1960
pletely log	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE of BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
and campa death.	10a USUAL OCCUPATION (Give kind of work done of the street
physician a move carbo	13. FATHER'S NAME FRAKER BYERS SARAH HAISTON
8 85 6	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unanyfrom) NO (If you give wor or dates of service) 204-03-7701 CLYDE E. Byces, St. THOMAS, PA., R.1
requires that the death ian a signed by the attendiansifipermit. Then please and in any event within	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO Conditions, if any, whiely gave rise to immediate cause (a), staling the under: lying cause lost. DUE TO (c).
IAN: The faw ending physici ficate has bee the burid-tra ar remaval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of item 18.)
PHYSICI ol or ath phis certification, emotion,	To the of injury Month, Doy, Year 20d. Injury Occurred to the occurry of the occu
the haspin OR: After i etached fai a buriaf, cr	21 certify that lattended the deceased from the second of the last saw the deceased above. 21 certify that lattended the deceased from the last saw the deceased above. 22 certify that lattended the deceased from the last saw the deceased above. 23 certify that lattended the deceased from the last saw the deceased above. 24 certify that lattended the deceased from the last saw the deceased above. 25 pm. from the causes and an the date stated above. 26 pm. from the causes and an the date stated above. 27 pm. from the causes and an the date stated above. 28 pm. from the causes and an the date stated above. 29 pm. from the causes and an the date stated above. 20 pm. from the causes and an the date stated above.
riter & All	PHYSICIAN'S Richard T. Bintart Hagerstonn, Md.
TO HOSP may be TO FUNE page 3 the regi	220. BURIAL, CREMATION, 276. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 270 LOCATION (City, Town, or county) (Stote) 7 FENGER HILL CEM. FT. 4890V. A.
VS A15 (4) 15M 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. M. BALLINGER MORELES GUIZA Fa. DATE JUN 9 60 CILLIN 8. Thomas





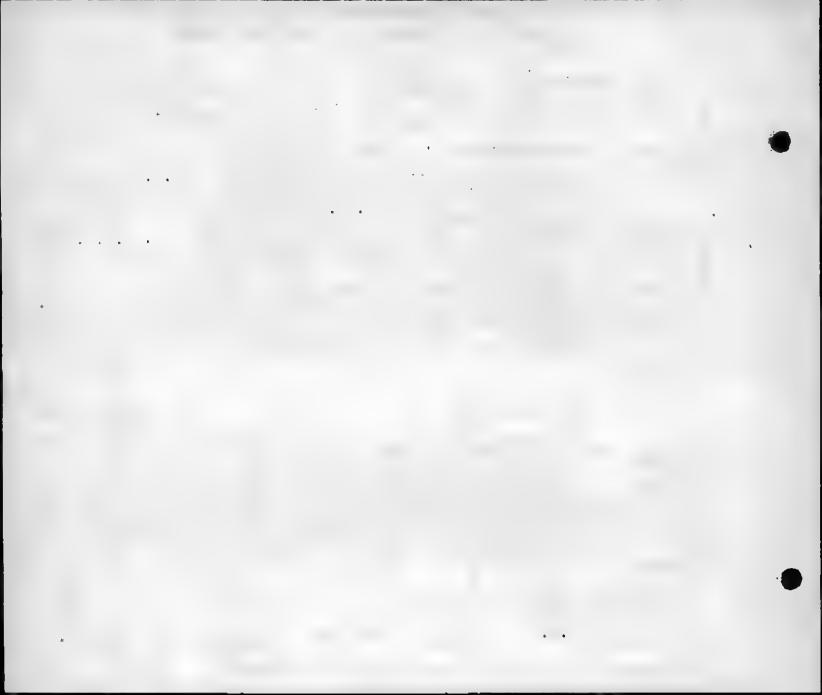


1	7	WAKITAND STATE DELAKIMENT OF HEALTH-RAL	IIMORE, 18
4 5 = 4	-	7384 CERTIFICATE OF DEATH	Reg. Dist. No. 737()
director, filed with		ACE OF DEATH COUNTY Washington Waryland 2. USUAL RESIDENCE (Where decease o. STATE Maryland	d lived If institution Residence before admission) b. COUNTY Washington
be of	IVI	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Hagerstown CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	orate limits, write RURAL and give nearest town)
fter de by the fun d 2 shaufd	. 1	NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital / d STREET ADDRESS 133 Fairgro	e. IS RESIDENCE ON A FARM? YES NO
4 ho	1	AME OF First Middle Lost 4. DATE OF CEASED SPENNINGS BRYAN CONSTABLE DEATH	Month Day Yeor
within 2 letely fille s. Pages		X 6 COLOR OR RACE 7. MARRIED DIVORCED B. DATE OF BIRTH Male White WIDOWED DIVORCED October 31,1895	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 64 yrs Months Doys Hours Min
and common papers		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Cement mfg. Inkerman, W. Va.	
cion cion		ATHER'S NAME Thomas F. Constable 14. MOTHER'S MAIDEN NAME Mary Virginia S	hadwell
ing physician errorove cach	ノ	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO. OF Unknown) (If yes, give wor or dates of service) 224-10-9465 Mrs.J.B.Constable 13	Address Hagerstown, Md.
e law remuism that the death physicion. as been signed by the ottendin al-tronsit permit. Then please oval, and in any event within?	7	B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE.	INTERVAL BETWEEN ONSET AND DEATH A. JULIANUL DE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES JULIO 1
MCIAM: The ottending partificate has the burion, ar remonth		OG. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port) or Port OF PORT CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120) (City	
EHYS ral or this ce ir use remati		Hour a.m. While Not while foctory, street, office bldg., etc.]	
rading Internations retained by the haspit AL EIRECTOR: After hould be detached fa tran prior to buriol, or		actual Christian's Christians	the causes and an the date stated abave irreet, city or town, state) DATE SIGNED Land G-11 6 Latour Md.
SPI SPI 3 s		BURIAL CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCA	TION (City, town, or county) (State)
may branch		REMOVAL (Specify) Burial June 13,1960 Rest Haven Cemetery Hag UNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGIS	erstown Md. trar 24b. registrar's signature
VS A1S (4) 15M 9/58	1	st Haven Funeral Chapel Hagerstown, Md. DATE JUN 15	
	1	When a stont	



option,		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-1
mai	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	admission)
2 2		Washington MARYLAND STATE Maryland 6. COUNTY Washingt	on
(' ')		b. CITY OR TOWN (If autside corporate limits, write RURAL and give neares town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neares town)	
, /	П	Rural 2 Hancock Md. Rural 1 Hancock Md.	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e.	IS RES DENCE ON A FARM?
Att.			S NO X
\$	3	3. NAME OF DECEASED (Type or print) Donald Sparr Dickerhoff DEATH 6.5.	Year 19 60
	5	5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9 AGE (In your Stunder lyear IF I	UNDER 24 HRS
I		M WIDOWED DIVORCED 9.23.1922 Jan June Days Ho	
٦	7	100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stota or foreign country) Painter House Painting Washington County Md. U.S.A.	
		13. FATHER'S NAME Elmer E Dickerhoff Bessie E Heller	
	1	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes World Nap 2 Ann M Dickerhoff Rural 1 Hancock	k Md.
	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), opd (c).]	IETWEEN
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROWNING	O DEATH
1		Conditions, if day, which)	£-/-
		gave rise to immediate cause (a), stating the underlying DUETO	
	Ι,	Cause lost. (c)	TAC ALITORCY
		YES YES	ERFORMED?
1	7 100	200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] CAUSE OF DEATH. They They	
		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURED 20e. PLACE OF/INJURY (Home, form. 20f. (City or town) (County). Hour o. m. 6 3 1960 at work at work.	(State)
	1		nd find the
1		death resulted from: Natural causes	
*,4		SIGNATURE	ATE SIGNED
movol.		EXAMINER'S NAME (Type) TO EWIT TO DEPUTY MEDICAL EXAMINER D	50
Ē	2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
J		Burial 6.8.60 Riverview Cemetery Hancock Washington	/d_
N	2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE	
1		Houted of Elino Hancel me DATE JUN 9 '60	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



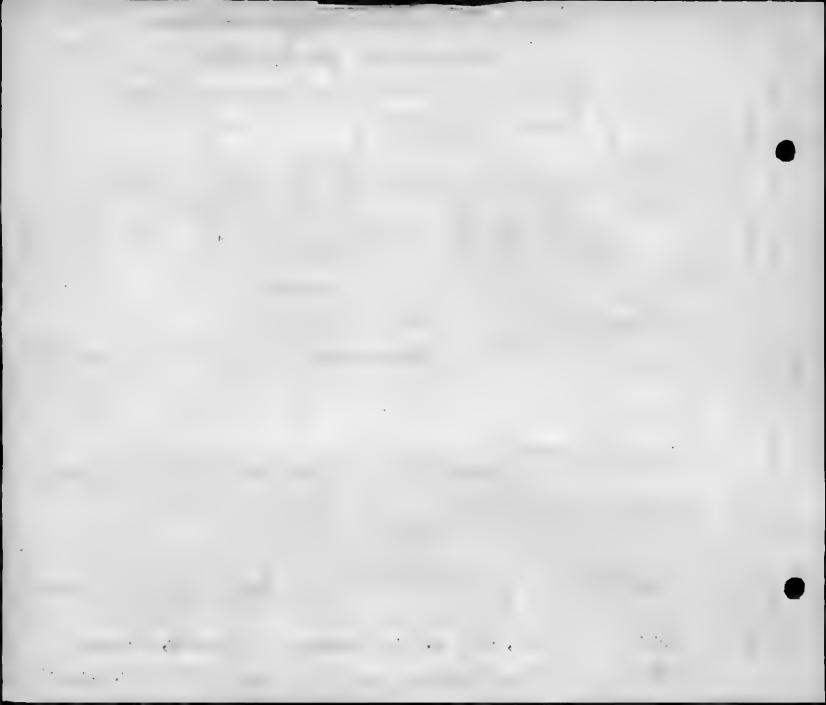
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORESIS

CERTIFICATE OF DEATH

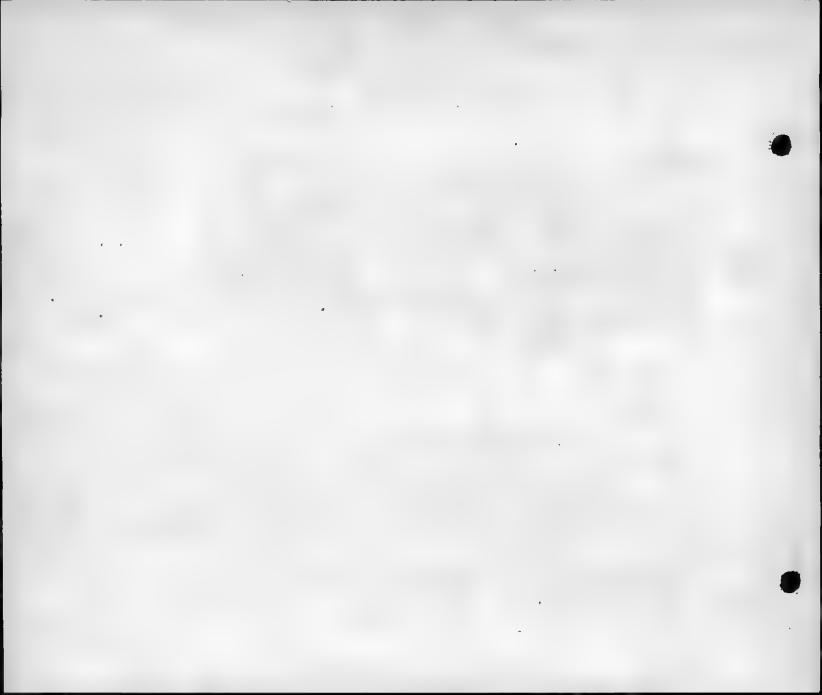
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07372 Reg. Dist. No.....

7.5	- 10 -		
h#	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
# .	1. 1.	1 -1	4.1
in É	COUNTY Was hundred MARYLAND	STATE Md COUNTY Frederick	
B &	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give nearest town)	
hour ector,	OR and give nearest town (in this pleca)	OR de la dela de	
E S	TOWN I shaw had a John 7 ms.	TOWN Trederick	18
スポ	HOSPITAL OR	STREET (If rural give focetion)	
V .	INSTITUTION OR //-		
토교	STREET ADDRESS TOMEWOOD CHURCH Toma	ADDRESS 14 East 5th St.	
within	3. NAME OF (First) (Middle)		794
≯ ⊉	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey)	(Yeer)
ē -	(Tuna or Print)	DEATH SUIL 30	-10
7E_ \	Tulla- //lawy D	accept the second secon	1960
P >	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,		DER 24 HRS.
63	(Specify) = 100		urs Min.
<u>*</u>	Jenora GC	K-[1 () V Yrs.	
=	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WRAT
≅8 ≈	done during most of working life, even if OR INDUSTRY	COUNTRY?	
≯ ≣ €	House (celler	Frederick U.S.A.	6
y fills permit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	a to a total	0 1 91 0 1	
be plet	- ruxus Duthell	aura Catherine Terlach	
rificate be fil and complete burial transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
# 0 T	(Yes, no, or unk.) (If Yes, give wer or deles of service)	Insuaguer, K# E-	- 1
. <u></u>	-2000	will Domes fort	nd.
Par Par	18. MEDICAL GER		
8 4	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	
	() () () () ()	15 cul in the ward Min	
4 C 4	MAMEDIATE CAUSE (A)	3 70 111	
e de hysi use	ANTECEDENT CAUSE(S) DUE TO		
2000	DISEASES OR CONDITIONS, IF ANY, (8)	(Im I we seems I you	1
for for	AMERICA DISC TA DISC A DOLC CALLED		
Tarie do	STATING UNDERLYING CAUSE LAST, DUE TO		
quires tha	(4)	V .	
a table	TO THE REATH BUT NOT RELATED TO THE		
E 2 8	DISEASE OR CONDITION CAUSING DEATH.		
	196. DATE OF OPERATION 1 196. MAJOR FINDINGS OF OPERATION	20. AUT	OBSY?
3	178. DATE OF OFERATION 178. MAJOR FINDINGS OF OFERATION		NO IV
The lav		YES	<u> </u>
6 0 3	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, 2 OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (5	State
R: The secuted shown the short	(IF EITHER, NOTIFY MEDICAL EXAMINER)		,
		rif. HOW DID INJURY OCCUR?	
0 × 5	While Mot while M		
5 5	M, at work L et work L .		
DIRECTOR: been exect ste assembly	22. I hereby certify that I altended the deceased from OCA	19 59, to 2149 30, 19 60, that I last saw the	decessed
الله و د 🚆			deceased
L Dil	alive on 2 29, 19.60 and that death occurred at.		1 1
AR ha	SIGNATURE	AMPRESS (Streft, city, town, stela) DATE	BIGNED
ERAI ale h certif	N AL XAII	19 E- Ch. Notan Galedon 6	13040
	M.D.		
Certific death AISC 1	23. BURIAL, CREMATION, DATE THEREO NAME OF CEMETERY OR	CREMATORY (City, town, or county)	(Slete
certii deat	REMOVAL (SPECIFY)		
07021	Burial July 2, 1960 Mt. Olivet	Cemetery Frederick, Maryland	
5 S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1
	1 6 '60 Orthug & Kines	10-1-01/01/01	
	DATE	Today Code Codenial Marris	การ



ssary, please exe-Page 5 may 1



CERTIFICATE OF DEATH 7439

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	1 200	3								
	shington		MAR	TIME	USUAL RESIDENCE	(Where decease Land	ed lived. If institu b. COUNT	tion: Residence Y Washi	neto	ission) N
B CITY OR TOWN (III RURAL and give ne Hagersto	outside corporate Ryth orest town RFD #3	rgil	19 yrs.	100	Calcity or town ((If outside corp		RURAL ond give	e nearest to	wn)
or institution oak Ridg	AL (If not in hospital, give) e Daive	e street oo	ddress)		Oak Ric		ive		e. IS R ON YES	ESIDENCE FARM?
3 NAME OF DECEASED (Type or print)	Annie		Camil:		Dorsey	4. DATE OF DEATE	_	onth	19	Year 19 60
s. sex Female		VIDOWED				.900	9. AGE (In year lost birthdoy)	Months Q	YEAR IF UN	-
	N (Give kind of work doing life, even if retired)		IND OF BUSINESS (Maryla	ınd	country)	U. S		T COUNTRY?
13. FATHER'S NAME	[] C [4T			14. MOTHER'S MAIDE		N			
	Lloyd C. V			o. 17. INFO			Namee	Mana		
	IN U. S. ARMED FORCI If yes, give wor or dates of serv				. Carl Do	rsey	2204 Gá Hagerst	y"St.		
Conditions, if or gove rise to in cause (a), stating the lying couse lost.	he under-	Pulm Hype Loxi	onary Ed rtensive c thryot	dema e Art Lditi	·			lisease	10	years
CATIC	CAUSE OF DEATH				OT RELATED TO THETE			IVEN IN PART I	PERF	S AJTOPSY FORMED?
20c. TIME OF INJURY Hour a. m p. m.	·	While	Not while of work	20e. PLAC foctor	E OF INJURY (Home, f y, street, office bldg.,	form, 20f (Ci	ty or town)	{Cou	inty)	(State)
21. I certify tho	t (I) (this hospital) ed alive an 6				934 ath occurred of		6.19.60			,
270 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Mou	ny	7	М,	ATTENDING PHYS 22d. ADDRESS	MED DIRECTOR	STAFF PHYS		6.20	226 DATE SIGNED
230 BURIAL, CREMATION REMOVAL (Specify)	N. 236 DATE THEREOF June 21-		D. 23c NAME OF CEN Manor C		REMATORY	23d LOCA	St., Ha ATION (City fown r Tilgh	, or caunty)	151	Mf d.
24 FUNERAL DIRECTOR'S	SIGNATURE	. /	ADDRESS /	1100	1 - 1 - 7	EC'D BY REGIS		SISTRAR'S SIGN		

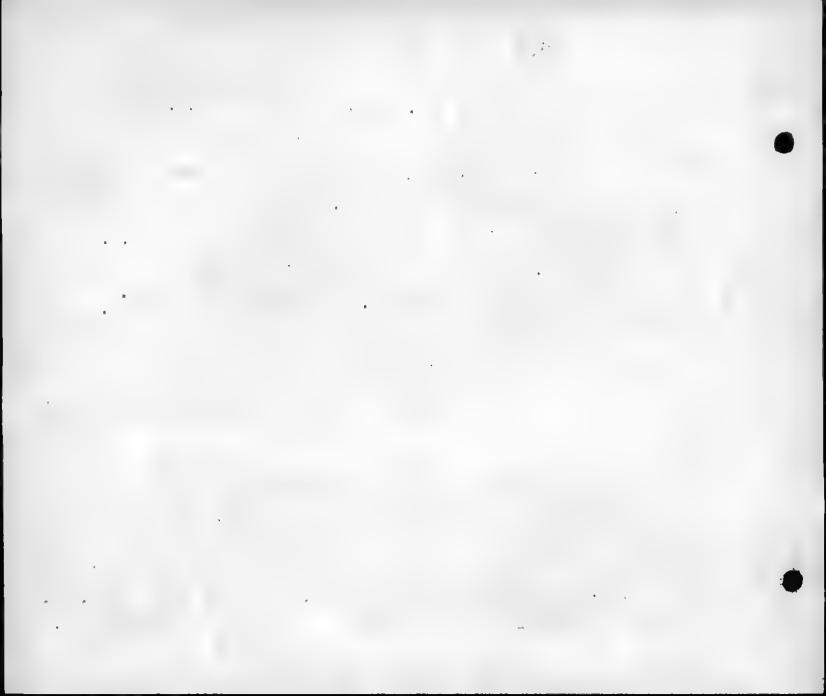
TO HOSPITA R ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 Pmay be red by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any remover thin 72 hours after death. VR A15 (4) 15M 9/S9

director,

after death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24



requires that the death certificate be

VS A15 (4)

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CERTIFICATE OF DEATH

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PHYSICIAN: The law requires that the death certificate be executed within 24

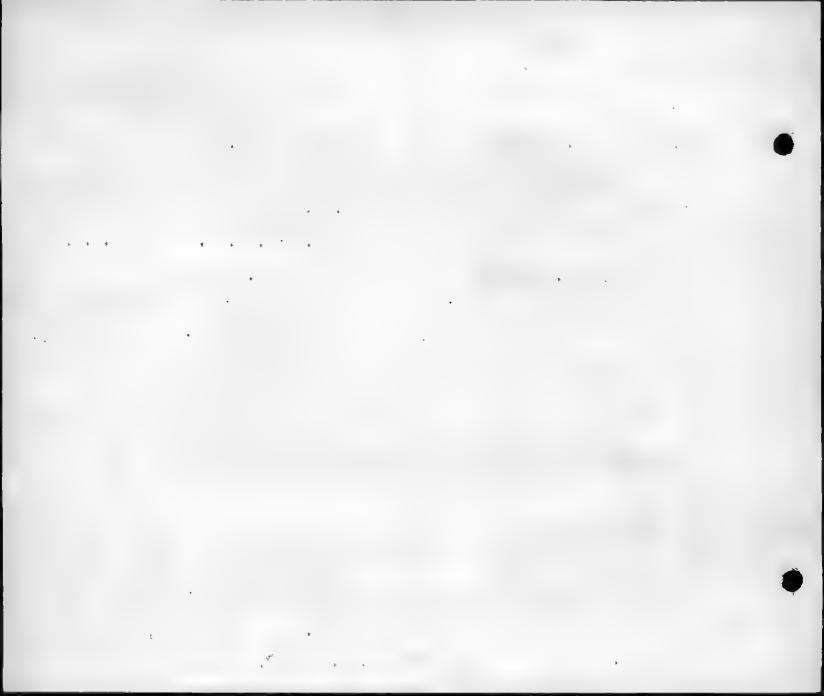
1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY **b** COUNTY MARYLAND ashington ashington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hage is town Days Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Summit Ave. Washington Co. Hospital 855 YES NO NAME OF DECEASED Middle 4. DATE Month OF DEATH Caroline Magdalene Eiler June (Type or print) AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Doys Hours Dec. 18, 1891 DIVORCED [Female WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Hag. Wash. Co. Md. U. S. A. House Wife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Flora A. Stockslager Charles IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) None Eiler 855 Summit Ave CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH busis of rt Int. carelicarlery PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** sclerusii of value Canditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year [County] factory, street, office bldg , etc.) Hour o.m. Wh le Not while at work [of work p.m. 21 I certify that (1) (this hospital) attended the deceased from 30 464 1960, that (I) (we) last 19.64 and that death accurred at \$70 M, from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE ATTENDING MED DIRECTOR MD PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) BILL (Specify) 23b DATE THEREOF 23a BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Hagerstown Cem 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR

Hagerstown . Md. .

DATEJUN 6

o FUNERAL DIRECTOR: page 3 shauld be detact VR A1S (4) 15M III/59

Andrew K. Coffman



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VS A15 (4)

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that the deoth certificate be exacuted within ATTENDING | by the hospito

VS A15 (4)

15M 9/5B

e. IS RESIDENCE

PERFORMED? YES NO T

Washington

ON A FARM? YES NO Year

19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days

12 CITIZEN OF WHAT COUNTRY?

Mrs. Nannie M. Ferguson, Smithsburg.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

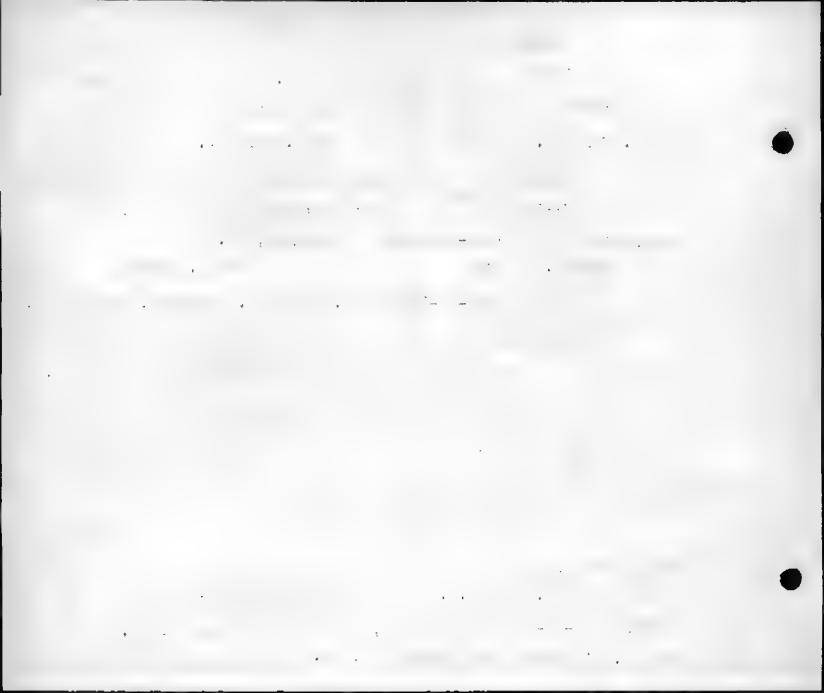
INTERVAL BETWEEN ONSET AND DEATH Dav

(County) (State)

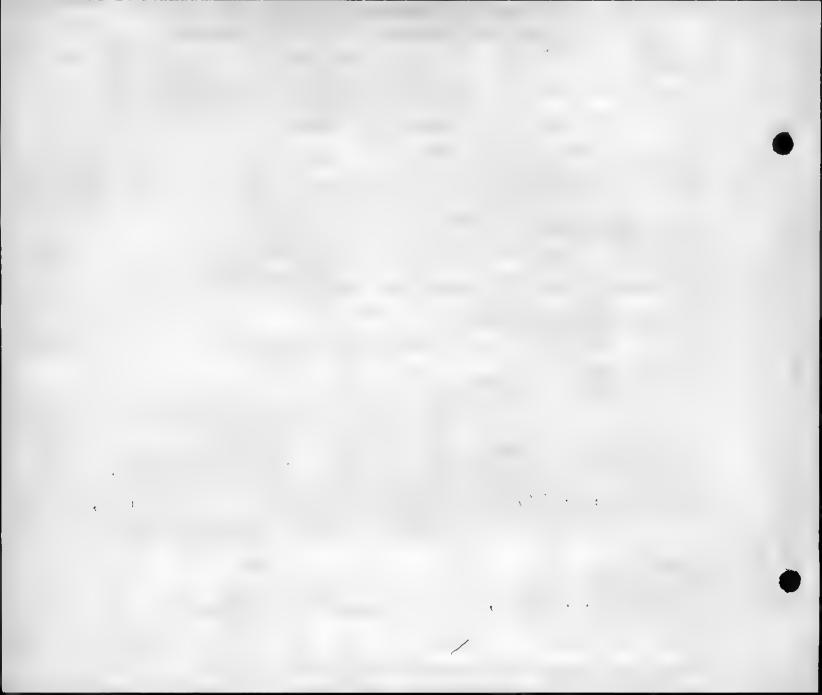
19.5 Othat I last saw the deceased ____, and that death accurred algoe DPM, from the causes and on the date stated above.

(Stote) Smithsburg. Md.

24b, REGISTRAR'S SIGNATURE Scott F. Minnich & Son, Smithsburg, Md. DATE JUN 2 0 '60 arthur S. Hours



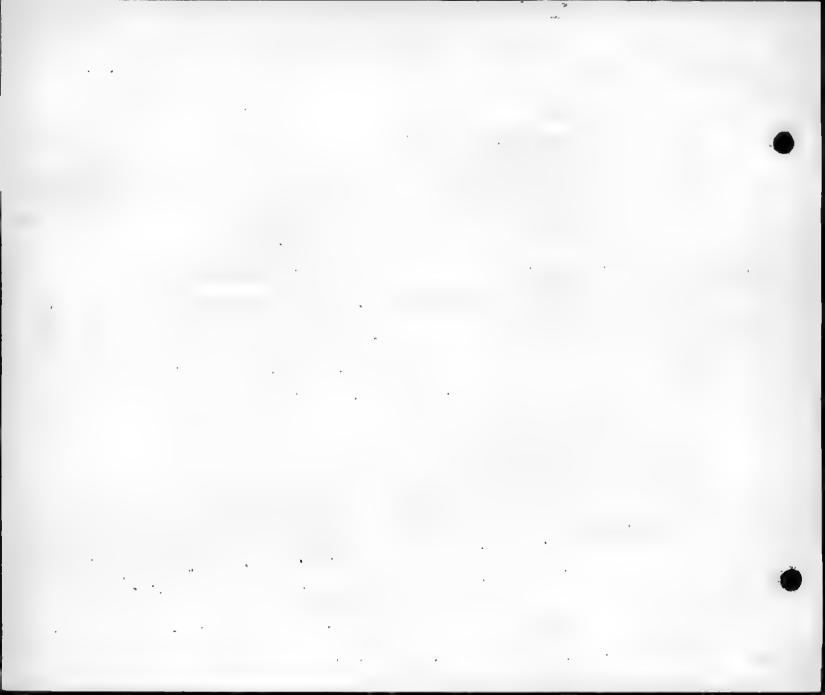
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



certificate be executed

death

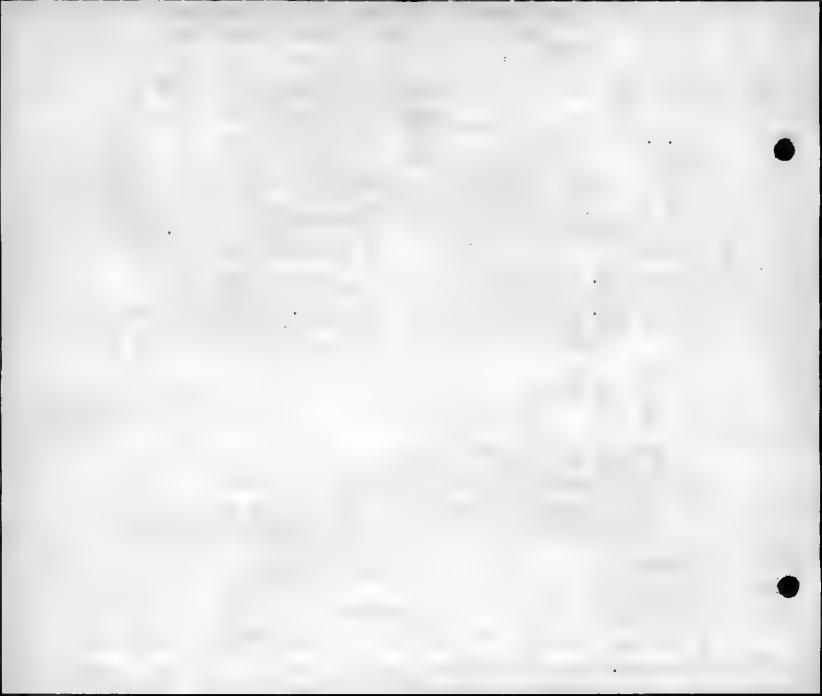
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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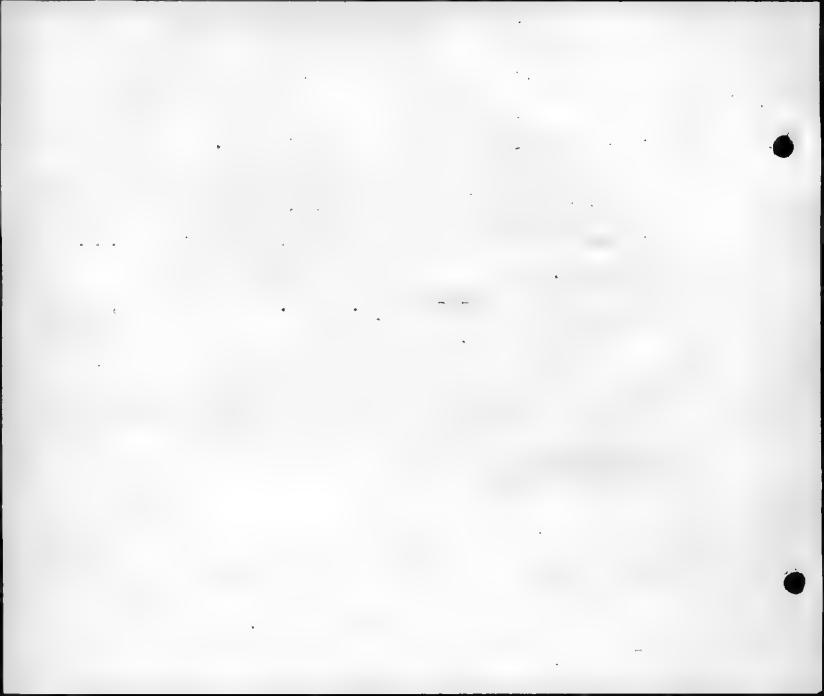
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Wa	ashington		MARYLA		o. STATE Maryla		d lived. If institution b. COUNTY		before odmission) ington
b. CITY OR TOWN RURAL ond give r Hagerstor		, write	c. LENGTH OF STAY IN	(1ь	c. CITY OR TOWN (IF o	ulside carpo Stown	rote limits, write RL	JRAL and gr	ve nearest fown)
OR INSTITUTION	on County Ho		· ·	-	d. STREET ADDRESS	en Ave	e.		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EDWIN First	_	Middle STEPHE	N	GUTH	4. DATE OF DEATH	June	th	25 19 60
5. SEX male		7. MARR	RIED NEVER MARRIED ED DIVORCED		october 8, 1	884	9 AGE (In years last burthday) 75 yrs.		YEAR IF UNDER 24 HI Days Hours Min
Commissio	ION (Give kind of work d rking life, even if retired) ONEY		ty Works Box	ard	Ironton,	Penns			S.A.
13. FATHER'S NAME	A . O. I	1.		1	4. MOTHER'S MAIDEN N				
ALEX	ander A. Gut		SOCIAL SECURITY NO.	17 INFO	Sarah	onydei	Addr	Att	
(Yes. no, or unknown)	(If yes, give wer or detect of me	Mice)	213-10-6935	1711111	. Sadie C.	Guth		stom,	Maryland
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САТІС	THER SIGNIFICANT COND	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 WAS AUTOP: PERFORMED? YES NO
OR CONTRIBUTING	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCC	CURRED (Enter nature of injury in	Port I or Par	t II of item IB)		
20c. TIME OF INJU Hour o. m. p. m.	10	20d, II While of wor	Not while		OF INJURY (Home, form y, street, office bldg., etc		y or lown)	(C	ounty) (Sta
	at (I) (this hospital)			U.					
720 SIQNATURE	& Far	Ce-		M.c		ED RECTOR [STAFF PHYS		22b. DATE SIGN
22c PHYSICIAN'S NAME (Type)	L.L. PAC	Kei	In In.	0	22d. ADDRESS 14	5 W.	wysh,	igtz	7 5+
23a BURIAL, CREMATI BIRIAL (Specify			Rest Haven	-	rematory /		TION (City, town, o	ar county)	Maryland
Suter - Ro	R'S SIGNATURE OUZET UNETA	1 Ho	me Hagerston	an, M	arylandbate J	D BY REGIST		strar's sig	10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7309 CERTIFICATE OF DEATH

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TO HOSPIT.

R #TINDING FMYTICIAM: The law requires that the dmath mertificate be mixecuted within 24 has defer death. Page 4 may be reflected by the haspital or attending physician.

TO HOSPIT.

TO HOSPIT.

Add by the haspital or attending physician.

TO MINIBRAL MINICION: After this certificate has been signed by the attending pllysician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any eyest, within 72 hours after death.

VR A15 (4) 1SM 9/59

b CITY OR TOWN (if outbide carporate limits, write RURAL and give necessal town) B COLOR or STEVENT AURAL and give necessal town) ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital), give street oddress) WAS INITIAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital), give street oddress) WAS INITIAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital), give street oddress) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HOSPITAL (if not in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS ANAME OF HIRTH AND HOSPITAL (in hospital) J. ASTREET ADDRESS LIDIUS AN		PLACE OF DEATH a. COUNTY			MARYL	- 11	2. USUAL RE			d lived If instituti b. COUNTY		_		
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Colton Washington Country Hospital 122 Pinecrest Ave Yes No. No. A FARMY No. No		Hagerston	outside carporate limi arest tawn) M	ts, write		l l	45 4							
3. NAME OF SECRATED MARY FIRST DELL HARVEY 9. ACK (h. year. Day Year 1964) Day Year 1964		d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	t oddress)		, d. STREET	ADDRESS					. IS RESIDEN	ICE
Declar D		Washington	County Ho	spit	al		1224	Pinec	rest A	ve.				
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To any and the state of the sta			MARY		DELL		HARVE	Y	DEATH	June		15	196	50
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Colton, W. Virginia U.S.A.		Female	White	WIDOW	VED TO DIVORCED		lay 7,	1895			Manths	Days	Hours A	Ain.
13. FATHER'S NAME John Wyatt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and, (c).] 18. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and, (c).] PART I DEATH WAS CAUSE BY: DUE TO Candillans, if ony, which gave rise to immediate couse (p), storing the under the couse (p). PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1 [o] 19. WAS AUTOSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part I or Part II of item 18.] OR CONTRIBUTING II CAUSE OF DEATH URLE THE NOTIFY MEDICAL EXAMINER) 20. CIME OF INJURY MEDICAL EXAMINER) 20. TIME OF INJURY MEDICAL EXAMINER 19. Individed the deceased from 5/18/60, 19. Individed the causes and an the date stated above the deceased dive on 6/15/60 19. Individed the deceased from 5/18/60 PMS CONTRIBUTION CON	10c	. USUAL OCCUPATIO	N (Give kind of work	dane 10b	. KIND OF BUSINESS OR	INDUST	RY 11, BIRTH	PLACE (State	or foreign o	ountry)	12 CITI2	EN OF	WHATCOUN	ITRY
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IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and, (c).	13.	FATHER'S NAME									, -,		**	
S. WAS DECEASED PURE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 18. Feb. 18. Address		John	Wyatt					Aman	da Mc	Quain				
10 10 10 10 10 10 10 10					SOCIAL SECURITY NO.	17, INF	DRMANT				iress			
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			r yes, give wor or agree or s	644106	406-38-2156	Mr.	. James	C. H	artsaw	Hager	stown,	Ma	ryland	1
DUE TO CONTRIBUTIONS (b). PART I DEATH WAS CAUSE (e) DUE TO CONTRIBUTIONS (b). DUE TO CONTRIBUTIONS (c). storing the underly lying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED? PROFILE OF INJURY (FINE IN PART 1 (a) 19. WAS AUTOPSY PREFORMED? PROFILE OF INJURY (FINE IN PART 1 (a) 19. WAS AUTOPSY PREFORMED? PROFILE OF INJURY (Home, form, 20f. (City or town) (County) (State of work at	Г	18. CAUSE OF DEAT	TH [Enter only ane co	use per l	ine for (a), (b), and, (c).]		,		1 7	At .		INTE	RVAL BETWE	EN
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gove rise to immediate cause (a), stating the under lying cause last. Part Other Significant conditions contributing to death but not related to the terminal disease condition given in Part (a) 19. Was autopsy Performed? YES No		Condition if an		(-)	1		(1)		1			196		
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20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While at work at wore work at	2	PART IT OTH	EK SIGNIFICANT CON	DITIONS //	CONTRIBUTING TO DEAT	BULN	OI KELAIED	IO THE TERM	INAL DISEAS	E COND HON GI	VEN IN PAKI	1(0) 11	PERFORME	D?
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21 I certify that (I) (this haspital) attended the deceased fram. 5/18/60 19 that (I) (we) lass saw the deceased alive on 6/15/60/19 ond that death accurred at 3 M. fram the causes and an the date stated above 220. SIGNATURE 220. SIGNATURE 221. ATTENDING MED. STAFF 6/17/901 222. PHYSICIAN'S NAME (Type) Howard N. Weeks, M.D. 223. BLR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) 23a. BLR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUTIAL 23b. CREMATION, 23b DATE THEREOF ROSE HILL CEMETERY OR CREMATORY Hagerstown Maryland 24c. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY Hagerstown Maryland 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	CERTIF	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture	af injury in	Port I ar Por	t II af item 18.)				
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22c PHYSICIAN'S NAME (Type) Howard N. Weeks, M.D. 22d Address 136 M. Potomac St., Hagerotown, Md. 23d BLR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 23c NAME OF CEMETERY OR CREMATORY Burial 24c PHYSICIAN'S NAME (Type) Howard N. Weeks, M.D. 25d LOCATION (City, town, or county) 25d LOCATION (City, town, or county) 25d Registrar Signature 25d Rec'd By Registrar 25b. Registrar's Signature		22o. SIGNATURE	()()()	1119	X Will	4	ATTEMPL	NC U	FD.	CTAFF			22b DA	TE
NAME (Type) Howard N. Weeks, M.D. 136 N. Potomac St., Hagerstown, Md. 230 BLR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Burial 6/18/1960 Rose Hill Cemetery 25c REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				[W	ELA WILL	M.	D PHYS		RECTOR	PHYS		6	/17/6	10.
HOWATO N. WOOKS, M.D. 136 F. POTOMAC St., Hagerotown, Ad. 23d BLR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUTIAL COMPANY ADDRESS SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			9		/ _		22d. ADD							
Burial 6/18/1960 Rose Hill Cemetery Hagerstown, Maryland 25 JUNEAU DREGIOR'S SIGNATURE ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	L	(1)(0)	Howard N.	Me	eks, M.D.		136	M.Pc	tomac	St.,H	ager	יים	n, Ma	
24 FUNERAL DIRECTOR'S SIGNATURE SUITAR 101120F FUNERAL HOMO ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	230	BUR AL, CREMATION	N, 23b DATE THEREC)F	23c NAME OF CEMET	ERY OR	CREMATORY		23d LOCA	TION (City, town,	ar county)		(State)	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25d. REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE		Burial	6/18/19	60	Rose Hill	L Cer	netery		Hage	rstown.		Ma	rvland	
Ritionally Course Hagerstown, Md. DATE JUN 20'60	24	FUNERAL DIRECTOR'S	SIGNATURE	7 15-	ADDRESS			25a. REC			ISTRAR'S SIC			
		R. Front	bus ferezen	T 110	Hagerston	m, l	kd.	DATE A	JN 20'6	60 (ind &	time	4	





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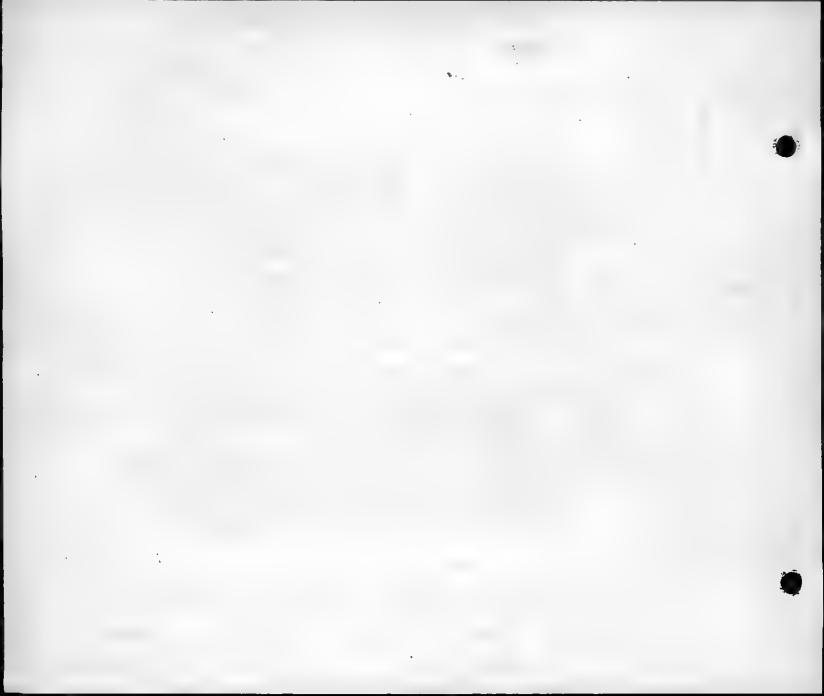
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

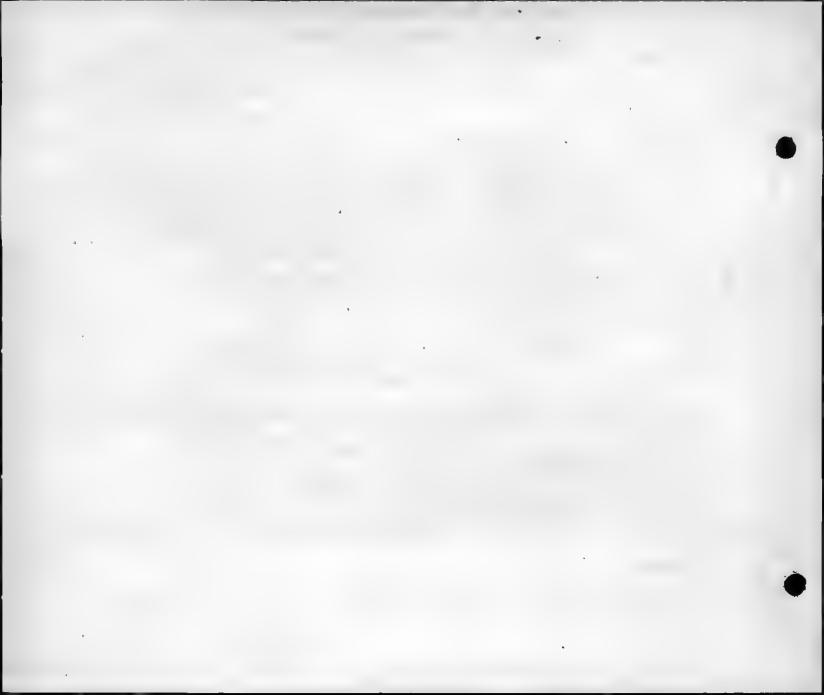
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1 PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE O. STATE O. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give nearest fown) HAGERSTOWN 18 YEARS	C3 HAGERSTOWN						
d. NAME OF HOSPITAL (If not in hospital, give street address)	a d STREET ADDRESS						
ORINSTITUTION 124 EAST FIRST STREET	124 EAST FIRST STIRER YES NO NO						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
(Type or print) ALVA LUTHIER	HUTZEI DEATH JONE - 18 1960						
	B DATE OF BIRTH 9 AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.						
MALIE WHITE WIDOWED & DIVORCED	SEVT-4-1881 78 yrs 9 14 Hours Min.						
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY:						
RETIRED MACHINE OPERATOR STATTON FURMITHE MI	14. MOTHER'S MAIDEN NAME						
DANIEL ELHUTZEL	EMMA MEBRIDE						
	NFORMANT 825 S. POTOMAE ST.						
	USTIN W. HUTZEL HAGERSTOWN MO. R.						
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH						
PART I DEATH WAS CAUSED BY: Ventricular fibri	llation minutes						
DUE TO							
Conditions, fany, which the Myocardial infar	ection 36 hours.						
gove rise to immediate DUE TO							
lying couse lost.) (c) Arteriosclerotic							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPSY PERFORMED?						
No. Accords was interpreted in 1200 program to 1200 program of	YES NO						
OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL-EXAMINER)	D. (Enter noture of injury in Port I or Port II of Hem 18.)						
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)						
Of work of work							
21. I certify that (I) (this hospital) attended the deceased fram	February 1959 death , 19 , that (I) (we) las						
saw the deceased alive an June 16 1960 , and that a	death accurred a $6:30$ M, ArM, the causes and an the date stated above						
220 SIGNATURE TO 47/6	ATTENDING X MED. STAFF June 18, 1960 GREET						
ZZc PHYSICIAN'S	M.D. ATTENDING X MED. STAFF June 18, 1960 IGNEE 22d ADDRESS						
NAME (Type)							
Robert F. Keadle	Hagerstown, Maryland						
230 BURIAL, CREMATION, 236, DATE THEREOF 230 NAME OF CEMETERY O							
BUILIAL CLONE - ZO. 1960 KOSE HILL 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
	. Co. MD DATION 22'60 archer S. King						



ter death; Page



CERTIFICATE OF DEATH

07391

• 000	- CERTITION	tia Oi Dartiii	Re	g. Dist. No.
PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived 1f institution f b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF our Hagersto	tside corporate limits, write RURA DWN	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of NSTITUTION County He Washington County He	oddress) ospital	d. Street Address Jet	fferson Blvd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mildred	Elsie	Itneyer	4. DATE Month OF JUN	e 7, Doy Yeor 60
female white widow		Sept. 25,		UNDER TYEAR IF UNDER 24 HE Onths Days Hours Min
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail sorter U	S.Fost Offi	· ·	r foreign country) gerstown, Md.	12. CITIZEN OF WHAT COUNTR
Clyde B. Itn	eyer	14. MOTHER'S MAIDEN NA	Lulu Neff	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no or unknown) (If yes, give were or dollar of service)		nformant s. Nellie L	ytton, Hagers	town, Md.
DUE TO	eneralized co	arcinomatosi The uterus,	s original site	interval between onset and death 3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	ort or Port of item 16.)	
ZOC. TIME OF INJURY Month, Doy, Year 20d. 1 Hour o m. 19 While of wor	Not while foo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stot
21. I certify that I attended the decease alive an June 7. 196 ACTUAL SIGNATURE PHYSICIAN'S B. B. Kneis	and that death	occurred ot 5: 40B A M.D. 148 Vest	June 7, 19 6, And W., from the causes and a DDRESS (Street, city or town, state Washington	an the date stated above DATE SIGNI
220 BURIA, CREMATION, Page Durial 6-10-60	22c. NAME OF CEMETERY OF ROSE Hill C	R CREMATORY -	22d LOCATION (City, town, or co	
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Se	on, Hagersto			AR'S SIGNATURE

ottending physician and completely filled in by the funeral director, in please remove carban papers. Pages 1 and 2 should be filed with TO HOSPIT.

ATENDINE PHYSICIAN: The low requires that the death certificate be executed within 24 hamony be returned by the hospital or attending physician.

TO TUBERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 are the registrar prior to buriof, cremation, ar removal, and in any event within 72 hours after death.

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TO HOSPIT VS A1S (4) 1SM 9/SB



7396 CERTIFICATE OF DEATH

7396

Reg. Dist. No 07392

	1. PLACE OF DEATH a. COUNTY Washins	ten		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. COUNTY Washington									
	b. CITY OR TOWN I	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		RURAL and give nearest fawn)								
	And I	RURAL ond give nearest fown) **Easerstevin. Me. 33vrs 35vrs					Magerstewn, Maryland.							
ì	d. NAME OF HOSPI OR INSTITUTION	FAL (If not in hospital, s	ive street o	oddress)	d. STREET ADDI	RESS				e. IS	RESIDENCE N.A. FARM?			
		en County	Kes	rital	644	Penr	D. AY			YES	□ NO 🖾			
	3. NAME OF DECEASED	Fir	sl	Middle	last		DATE	Mon	th	Day	Yeor			
	(Type ar print)	Charles		Lenry	Jehnsen.		DEATH	6		23	19 60			
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	187		E (In years birthday)		YEAR IF UI	NDER 24 HRS.			
	Kal.e	Selered	WIDOWE		March 1	2 /188	12	88 ym.	Monins	Days Hot	min.			
	10o. USUAL OCCUPATION OF WORLD	ON (Give kind of work-	done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11 BIRTHPLACE	(State or fo	reign country)		12. CITI:	ZEN OF WI	AT COUNTRY			
	Labe			ar de ner	Tall.	ing T	laters	W. V	L. US	A				
	13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME								
	Marle	H. Jehns	era .		Tebi	2546	Coop	er						
١	15. WAS DECEASED EVI	R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO 17.	INFORMANT			Add	resi					
			2	13-42-1359	Reginald	Jeh ze	en 12	5 W 1	TRUES	R Sto	cest			
	18. CAUSE OF DE	ATH [Enter only one co	use per lir	ne for (0), (b), and (c).]						INTERVAL	BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARRELLE													
	DUE TO													
	Canditions, if any, which) 161 - TO Kleps Carpora & april ant Decopolerary Uncara													
	gove rise to couse (a), stating			•/	()					U				
	lying cause lost.		:)	U										
- 3	PART II OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL	DISEASE CON	DITION GIV	EN IN PART		AS AUTOPSY REORMED?			
	CAT	al de	200	almutaite	RPL/						□ NO Ø			
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DISCONTRIBUTING OF DEATH OF PORT II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
	3 20c. TIME OF INJU	RY Month, Day, Ye	or 20d It	VJURY OCCURRED 20e.	PLACE OF INJURY (Hon	ne, form, 20	Of. (City or tav	rn)	(Ci	ounly)	(State)			
	20c. TIME OF INJUI	19	While of world	Not while	foctory, street, office ble	ig., efc.)								
		ngt I attended the		- (: /	19 1	0 6/	03/60	10	that I I	net cove ti	he deceased			
	alive on 6		10		th occurred at	n .)	,							
	dive on	-7/1	7 7	, dild fridi ded	in occorred di		RESS (Street, c			e udie si	DATE SIGNED			
1	ACTUAL	Dougas	12	Alarel 1110	м.р. 136 1		Tomac.		•	-10-1	100			
	SIGNATURE	Z-parvited	100	CC IS IV	_ M.D <u></u>	المال عام عام عادات	11111111111	-مئاش-		5/25/	₩H			
	PHYSICIAN'S H	oward N.	Woek	s, M.D.	Hage	estow	n, Md.							
	22a BURIAL, CREMATIC REMOVAL (Specify			22c NAME OF CEMETERY	OR CREMATORY	22d	LOCATION (City, tawn,	or county)	(9	State)			
	Burial	6-27-19	60	Riverview	Cenetery	W	1111a							
	23. FUNERAL DIRECTOR	'S SIGNATURE	11	ADDRESS			REGISTRAR		STRAR'S SIG					
	John B	Valson 9	1 The	roperstown "	Ma, or	ATE JUN	3 0 '60		Lithun S.	Kinesa				

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

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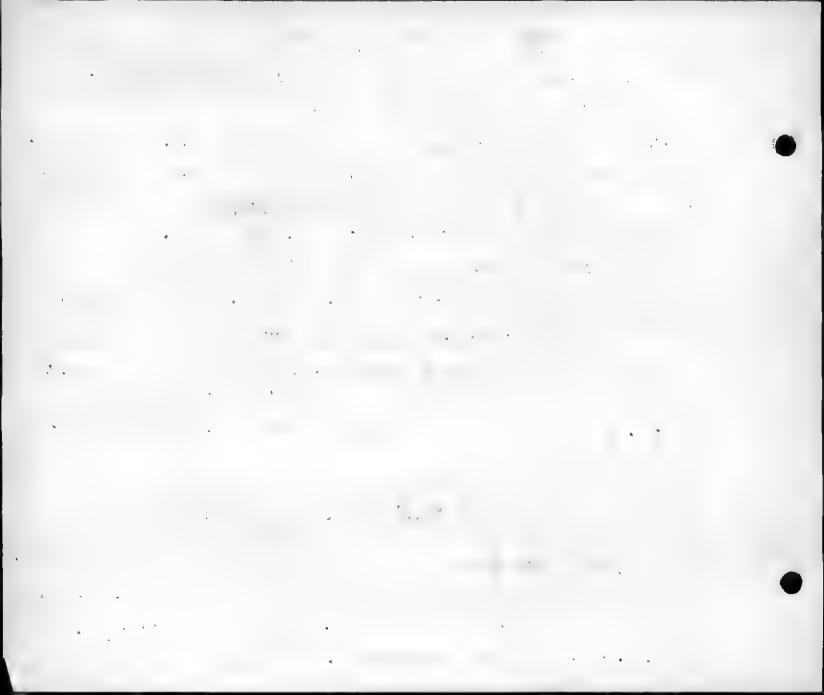
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TO HOSPIT.
R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how after death. Page 4 may be read by the haspital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Ey the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

	4							
PLACE OF DEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington						
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Hagerstown	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
d. NAME OF HOSPITAL (If not in hospital, good institution washington County I	ive street oddress)	d. STREET ADDRESS	nia Ave.	8. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) RICHARD	DAV IS	KERF OOT	4. DATE Month OF DEATH June	28 19 60				
S. SEX 6. COLOR OR RACE White	7- MARRIED NEVER MARRIED NUMBER MARRIED DIVORCED	8. DATE OF BIRTH March 9. 189	lost birthdoy) Mo	nths Days Hours Min				
				2. CITIZEN OF WHAT COUNTRY?				
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Retired Yard Foreman	Railroad	Washingto	n Co., Maryland	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
Thomas Jacob Ke			E. Arthur					
15 WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown)	ervice)	NFORMANT	Address					
no	705-10-5023 Ro	bert Kerfoot	Hagerstown	, Maryland				
18. CAUSE OF DEATH (Enter only one co		1. 1 4.1		INTERVAL BETWEEN				
	, death bift vinh	racur jamen		Fiw minute				
U-U-31 DUE TO	1 Lung to Com	. In whom the co	tic HERT Bies	s & Unkerowe				
Conditions, if any, which (b)	nid house un us -1	WIELLOSCIEND)	CAICH PAGE	many asker				
couse (o), stoting the under- lying couse lost.)			1,11,11				
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?				
PART II. OTHER SIGNIFICANT CON				YES NO F				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port (or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Yes Hour o. m. p. m.	or 20d. INJURY OCCURRED 20e. PI While Not while for work of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City ar town)	(County) (State)				
21 I certify that (I) (this haspital) attended the deceased fram.	11-1.19	50, to 6/28	19_6 9 that (I) (we) last				
saw the dedeased alive an	. / /		TAP Pam the causes and a					
22o. SIGNATULE	-			22b DATE SIGNED				
John St Stom	likher-	M.D. ATTENDING MI	ED. STAFF RECTOR PHYS.	6.29.60				
22c PHYSICIAN'S NAME (Type) John H	. Hornbaker, M.D.		54 West Washingto Agerstown, Md.					
23a BUR AL, CREMATION, 23b DATE THEREO	OF 23c NAME OF CEMETERY C		23d. LOCATION (City, town, or co					
REMOVAL (Specify) Burial 7/1/1960			Hagerstown	Maryland				
24_FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			R'S SIGNATURE				
Suter - Rouzer Funera	Hagerstown,	Md. DATE !!!	. 5 '60 arthur	8 House				



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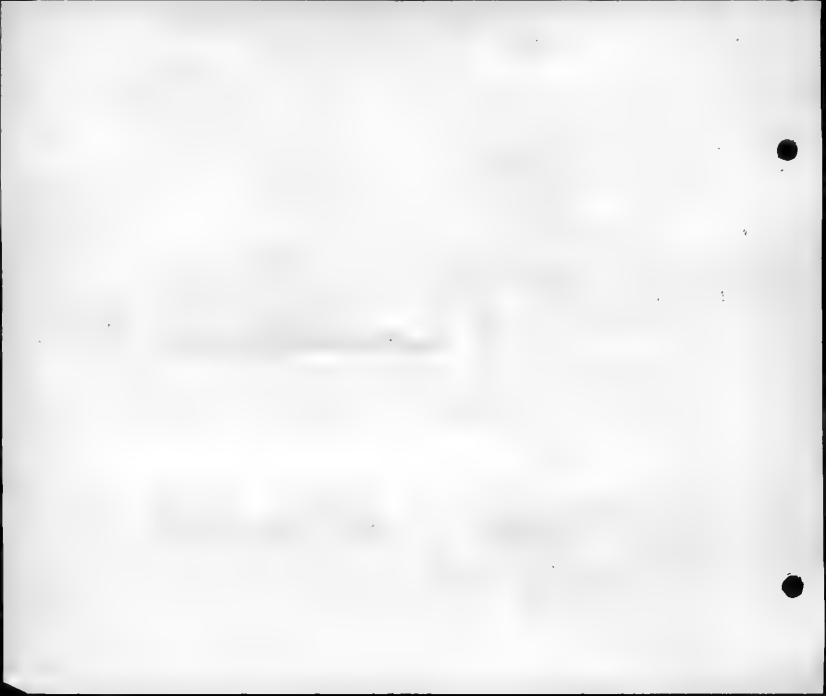
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07396

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY p. STATE b. COUNTY MARYLAND WASHING TON WASHINGTON b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) 40 VEAIRS ACERSTOWN HAGERSTO WN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 38 FREDERICK YES NO 12 TREDERICK NAME OF First Middle DATE Year DECEASED (Type or print) DEATH dUNE -8 1960 ARUF. ANTZ 5. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost hirthdoy) Months DIVORCED [WIDOWED [(n yrs. 7-EMALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MAVEIZ HONIE 13 FATHER'S NAME WITH Δ W Δ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT FRANK VONG CAUSE OF DEATH | Enter only one couse per line NTERVAL BETWEEN (o), (b), and (c). ISET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or lown) (Stote) (County) factory, street, office older, etc.) Hour p. m. Not while While of work p. m. 21 I certify that (1) (this haspital) assended the deceased from that (1) (we) last saw the deceased alive an and that death accurred at My from the causes and an the date stated above 220 SIGNATURE 22H DATE SHONED ATTENDING STAFF M.D PHYS DIRECTOR 22c. MYSICHAN 22d. ADDRESS NAME (Type) BUR.AL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23cl NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (Stote) SURIAL DOONS 136RO 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATI **ADDRESS** 25g. REC'D BY REGISTRAR DOONSBORD DATE JUN 1 3 '60 arthur S. Thousa



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œ. paper pup physician di. ittending pl please ren within 72 } TO FUNERAL DIRECTOR: page 3 shauld be detact

VS A15 (4)

1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07397 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY o state West Virginia b. COUNTY MARYLAND Berkeley' Washington b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give negrest town) Martinsburg, Route # 2 RURAL Williamsport years d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # 2 Williamsport Saniatarium YES X NO Middle 4. DATE Month Day Year DECEASED (Type or print) Jacob Henry Lingamfelter DEATH 28 1960 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months September 5,1882 WIDOWED K DIVORCED [Male 10o. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) West Virginia U.S.A. Clerk Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annabell Small Jacob Charles Lingamfelter IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 Address .Martinsburg. Rt 2 No Mrs. W. Hoge Light CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 3 who IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the under-July 10,1957. lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🗗 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item B) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f, (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of wark of wark p. m. 1957, to June 28, 1960, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 5:20AM, from the causes and an the date stated above. alive an ACTUAL SIGNATURE King the GRT INSBURG NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22d, LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) July 1.1960 West Alexander Cemetery | West Alexander, Burial 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE TUL 1 Ciriling & Kings



Riverview

FUNERAL DIRECTOR: 3 should VS ATS [4]

1SM 9/SB

23. FUNERAL/DIRECTOR'S SIGNATURE

Cemetery Williamsport Maryland 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE JUN 6

Reg. Dist. No.

Months

e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

(County)

YES NO V

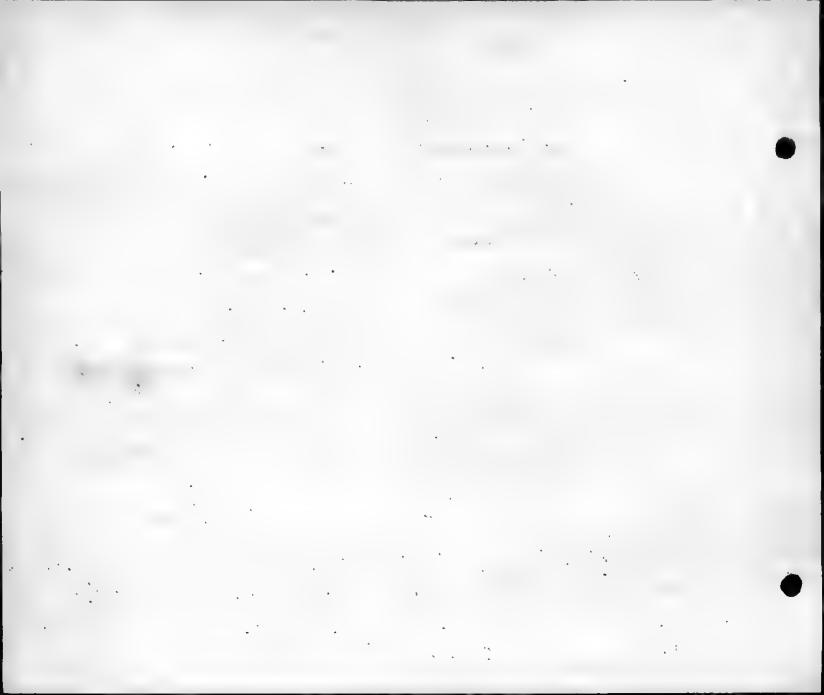
Year

1960

(State)

DATE SIGNED

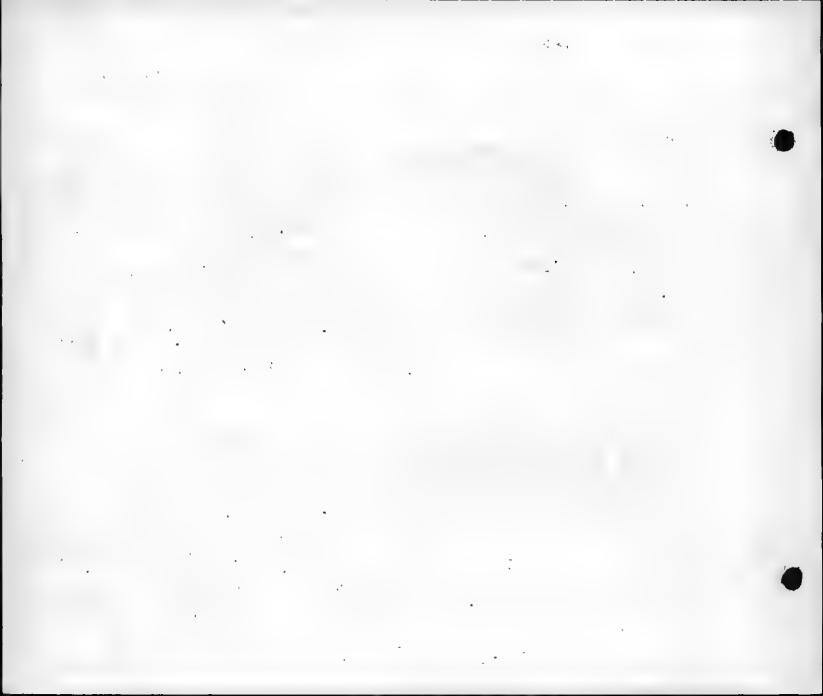
(State)



er death.

death certificate





Day

U.S.A.

(County)

Hours

IS RESIDENCE

ON A FARM'

YES NOT

1. W. Va. INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO P

> > (State)

SIGNED

2110-

Year

1960

and Ξ requires that the death certificate physici atten ģ Bued as the burial-transit After this certificate MUMERAL DIRECTOR: þ Ď 3 should 2 **VR A1S (4)**

15M 9/59

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DATEJUN 2 8 '60

arthur S. Krana

		7402		CERI	IFICA	IF OF DE	AIH					
1.	PLACE OF DEATH a. COUNTY					2 USUAL RESID	ENCE (Where	deceased liv		n Residence b	efare admiss	ion)
		HINGTON		MJ	ARYLAND		RYLAN	10.	WASH	INGTON		
	b. CITY OR TOWN (If RURAL and give no	autside carporate	limits, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR T	OWN (If outsi	ide carporate	limits, write RL			1)
		ZSTO VYN	,	12 DA	1/5	XBRE	THEN	WILL F	= 1	BURAL	1	
	d. NAME OF HOSPITA	AL (If not in haspita	el, give street a	ddress)	7	d. STREET AL	DDRESS	201			e. IS RES	IDENCE FARM?
	WASI	A .	TOSPIT	AL.		Boo	NSBOR	o M	D. R.		YES [
3.	NAME OF		First	Mid	die	Last		. DATE	Mant	h	Day	Year
	DECEASED (Type or print)	ALV	EV	1. F.F	MA	AVHUC.	#	OF DEATH	JUNE .	- 24		1960
5	SEX	6. COLOR OR RA	CE MARRIE	ED NEVER MA	RRIED 🔲	B DATE OF BIRTH	1	9.		IF UNDER 1 YE	AR IF UND	R 24 HRS
	MALE	WHITE	WIDOWE	DIYO	RCED 🔲	MA 11- 2	- 1896		(4 yrs.	Manths Day	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of wo	irk dane 10b. K	IND OF BUSINES	S OR INDU	STRY 11 BIRTHPL	ACE (State or	fareign count	[Y]	12. CITIZEN	OF WHAT	OUNTRY?
k	during most of work	ACITIVIST	0.8	R PRADUE	Ts Cal	10 Ban	NSBORI	WIA	H. CO. I	110. U.	S.A.	
13.	FATHER'S NAME		-y-rc-i.w	¥. R. B. B. L.	3 40	14 MOTHER'S				- <u></u>	2.7	
	41	ARRV A	AVA	110 hd			AMAN	/na -	HOOVE	17		
	WAS DECEASED EVE			OCIAL SECURITY	NO. 17.1	IFORMANT	rice species	* 17.77	Addr			
Į11	is, no, or unknown) (If yes, give war or dates	ar service)	0-18-102	Co As	RSIEDNA	MAY	HUCH	BOOK	SBOBO	MD.R	1/
	18. CAUSE OF DEA	TH [Enter only and			-	4			6/	// 1	NTERVAL DE	WEEN
	PART I, DEA	TH WAS CAUSED E	Y JAA	acht	Jak	- Car	(200	water.	1/2/20	(bA)	INSET AND	DEATH
		DUE DUE			11	Stard	- CONT	celouce	(1 - (0)		110	Ty.
	Conditions, if a	-				/						
	gave rise to in	mmediate ((b)		-11	1.						-/-
	lying cause last.	he under-	(n)		9							
z		IER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CO	ONDITION GIV	EN IN PART 1(c	19 WAS	AUTOPSY
CERTIFICATION											PERFC YES	RMED?
JAN.	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJUR	Y OCCURRE	D. (Enter nature at	f injury in Par	t I ar Part II	of item 18.)		1 100	
CERI	OR CONTRIBUTING	☐ CAUSE OF DEA	TH			·						
	20c TIME OF INJUR	Y Manth, Day,	Year 20d, IN	JURY OCCURRED	20e. PL	ACE OF INSURY II	longe, farm,	20f, (City ar	lawn] a-	{Cour	ityl	(State)
MEDICAL	Haur a.m.		19 While	Nat while	fo	ctory, street, affice	bidg., etc)		. / .	/		
2	p. m.	. 415 201. *- 1	11	-/	11	1/3/1	-		1)41	(asb)	K. w.	
	21 I certify tha	/ /	ifal) attende	16.1	ed france	2/-1-7.K	PIZ	وما ١٠١٥٠٠	12-1-1	5192	∕fhat (I) (<i>_</i>
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	22c. PHYSICIAN S	THE LE	JUXX	my		22d. ADDRE		CION L.J	11113 [44]	4	1/0	0
	NAME-Hype)	HIF.	HOUNG	_ //		WILL	LIAM	SPORT	- MD	/ '		
23	BUR AL, CREMATIO	N, 236 DATE THE	REOF	23c. NAME OF C	EMETERY C	R CREMATORY			N (City, town, c	r county)	(Sta	le)
-5	REMOVAL (Specify)	JUNEV2	7.1960	DIST	HAVE	N CEME	_	11.	STOWN \			,
24	FUNERAD DIRECTOR		7.1700	ADDRESS	117116	TA CETAIL	250 REC'D E		-	TRAR'S SIGNA		
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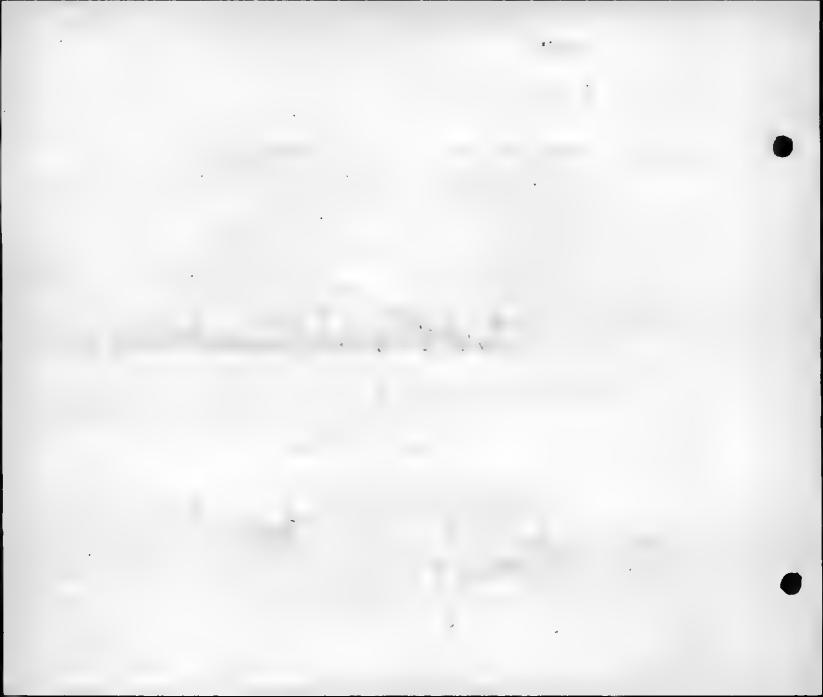
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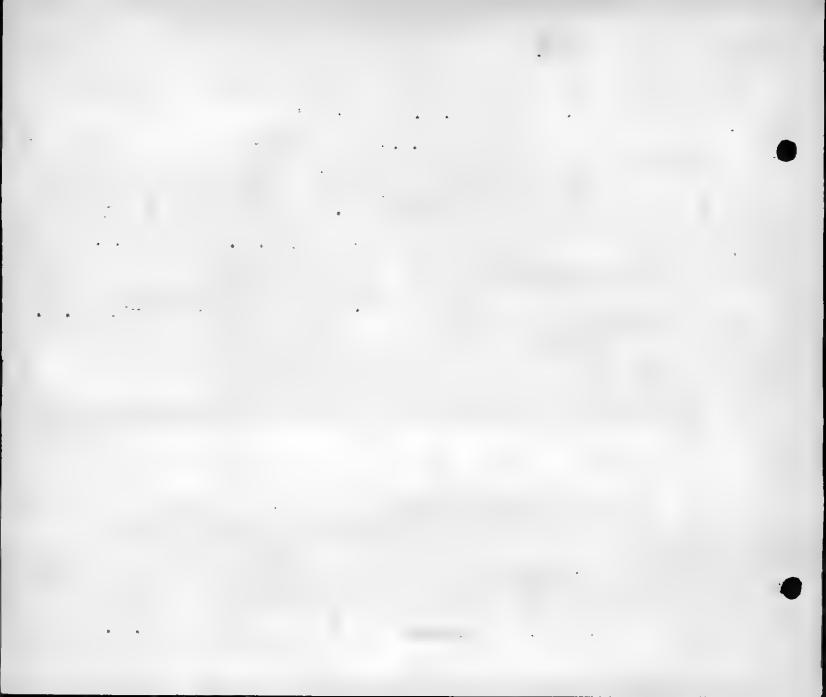
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how after death. Page 4 may be received the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, pages 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: Pages I and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 pears ofter death. VR A15 (4) 15M 9/59

after death. Page 4



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	7403 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1741)3
HEALTH DEPT.	1, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Washington MARYLAND New Jersey COUNTY Gloucester
Heolft.	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest fown) and give nearest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
8 8 8 4 (FA)	Hagerstown Md. D. O. A Westville
For A	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d STREET ADDRESS
8	Washington County Hospital D.O.A 803 Broadway
to t	3. NAME OF First Middle Lost DATE Month Day Year
Pro Pro	(Type or print) Douglas Gary Merriell DEATH June 6 1960
to har	5. SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lest burthdox) IF UNDER 14 HAS
E B S S S S S S S S S S S S S S S S S S	Male White WIDOWED DIVORCED Feb. 27 1960 Months 11 Hours Min.
2 h 2 h	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
20,000	None Woodbury N. J. U.S.A
· · · · · · · · · · · · · · · · · · ·	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Poges Poges poges ent year	Wallace Merriell Joan Turner
form form File	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT NO. Synhocial (17 yes, give wor of dotes of service) None Mr. Wallace Mannet 17.
· · · · · · · · · · · · · · · · · · ·	None Mr. Wallace Merriell Westville N. J.
der a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
a de	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Suffocot con [O W wi
Sing X	724.0 DUE TO
Sept 1	Conditions, if any, which by
Deg. s. De	gave rise to immediate cause (a), staling the underlying DUE TO
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	coute lost. (c)
ficate s pending all Exo remail	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
F add the	200 EXTERNAL CAUSE WAS PESCABE HOW IN URY OCCURRED fenter nature of injury in Portly or Port It of Item 18 Placed in Crib - face down - face became entangled in
F M eff eric	plastic bag at bottom of carriage
This of the control o	20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour a. m. White Not white office bidg, etc.)
NER OF THE CALL	11:15 Nor work of work
Pog Print	21. 1 certify that I took charge of the remains described above, held an Autapsy . Inspection the Inquiry . and in my
X 384 5 0	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
Figgs Figgs A surd and a surd a	0 0 111
or set	SIGNATURE SCLUBED W. WINO III M. D. CHIEF MEDICAL EXAMINER []
, ž	ASSISTANT MEDICAL EXAMINER 1
des des	NAME (Type) LO WOTO W. J. TO LL KE FOEPUTY MEDICAL EXAMINER
sha iss	720. BURIAL CREMATION, 22b DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
5 2 4 E 2	Burial June 9-60 Eglinton Cemetery Clarksboro N. J.
V5. A15ME /	23 PUNERAL DIRECTOR'S SIGNATURE 246, REGISTRAR S SIGNATURE
5M 2/57	albert & xeaf Williamsfor 1/Med DATE JUN 9 '60 arthur & three
1,000	7 11 11 11 11 VX LL



07404

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY o STATE b. COUNTY Washington Washington MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN IIF outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Hagerstown 22 Years Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) ad STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 413 George Street 413 George Street YES NOT NAME OF Middle 4. DATE Month Day Year DECEASED JOHN CHALTCE MILLER 19 60 June 26 DEATH (Type or print) 9. AGE (In years lost pirthdoy)

Out yrs IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours Male White August 16, 1895 WIDOWED IT DIVORCED I 10d USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Restraunt

10b. KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country)

Franklin Co. Penr 12 CITIZEN OF WHAT COUNTRY? U.S.A. Franklin Co., Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Miller Linnie Holsinger 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 188-09-5LL7H Shady Grove. Pa. Mrs. Virgie Daley no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH Congestive Heart Failure due to PART I DEATH WAS CAUSED BY: Lhour IMMEDIATE CAUSE (o) **DUE TO** Arteriosclerotic Heart Disease. Years. Conditions if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Bronchial Asthma and Emphysema. YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Yeor 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work Feb. 2. 19 60 to June 26, 19 60 that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased fram... 6-26 1960, and that death accurred at 8PM, from the causes and on the date stated above. saw the deceased aliveran. 22o. SIGNATURE 22b DATE 1960 NED ATTENDING MED DIRECTOR STAFF PHYS June MD 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) Hagerstown, Maryland R. A. Bell. M. D. 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Green Hill Cemeterv Waynesboro. Pennsvlvani 24 FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral Home ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cirting S. Krous Hagerstown, Md. DATEJUN 2 9 '60

Q E Q Q VR A15 (4) 15M 9/59

TOY BE TEN THE FUNERAL DIRECTOR:

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PLACE OF DEATH

give negresi town)

a. COUNTY

NAME OF 3

DECEASED (Type or print)

FEMALE

13. FATHER'S NAME

NO

5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07405

Corthun & House

Rea, Dist, No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission). o. STATE **b. COUNTY** WASHINGTON MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) HA GERSTOWN 2 DAYS SYRACUSE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL NORTH SALINA STREET YES NOW First DATE Middle Manth Year Day ANTOINETTE DEATH NASTRI JUNE 16 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days WHITE WIDOWED DIVORCED T TRRI. 16 Yrs. 10a. USUAL OCCUPATION [Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY] 11. BIRTHPLACE (Stole or foreign country) TTAT, Y 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TAILORING ABOLI PROV. OF NAPLES MANUFACTORS USA 14. MOTHER'S MAIDEN NAME DIMAST ELTZABETH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE EDMUND NASTRI 244 HARDING ST SYRACUSE N.Y. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO A 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) auto in Accielist 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (Caunty) (State) factory, street, affice bldg., etc.) 14- 1960 redouble at work at work 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection K, Inquiry K, and find that Accident K, Suicide , Hamicide , Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER CHEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) 6/17/60 ASSUMPTION CEMETERY NEW YORK SYRACUSE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Canditions, If any, which gave rise to immediate cause (a) stating the underlying couse lost. 20a EXTERNAL CAUSE WAS PRIMARY BLOT CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY death resulted from: Natural causes , **ACTUAL** SIGNATURE **EXAMINER'S** NAME (Type) E W DITTO 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL 25 FOR ARETURNE PROPERAL HACERSTOWN MARYLAND DATE JUN 2 0 '60

VS. A15ME(5) SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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TO HOSPITA ATTEMENT IN STATE AND The low requires that the death certificate be executed within 24 hay refer death. Page 4	may be retained by the haspitol or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,	12 shou	DRILL
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\L	7464	CERTIFICA	IE OF DEATH		002(11)
ו	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b. COUNTY	61.4
H	WASHINGTON		TVIAKYLAN	D VVA	SHINGTON
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If oulsi	de carporate limits, write RUI	KAL and give nearest town)
L	GAPLAND RURAL	38 VEARS	XGAPLANI) RURAL	
Г	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress) /	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	CAPLAND MD		GAPL	AND MD	YES NO
3	NAME OF First DECEASED	Middle	Lost 4.	DATE Manth	Day Year
Г	(Type or print) CLARENCE	EDWARD	NORIZIS	DEATH CUNE	- 20- 1960
5			B. DATE OF BIRTH	9 AGE (In years	FUNDER TYEAR IF UNDER 24 HRS
ı	MAIS WIDOW	<i>-</i>	MARREL 21.19	(CG lost birthday)	Months Days Haurs Min
3	0a USUAL OCCUPATION (Give kind of work done 10b.		STRY 11. BIRTHPLACE (State or f	00/	12. CITIZEN OF WHAT COUNTRY
П	during most of working life, even if retired)				11.6.0
Ļ		WN HARM		ASH, CO. NIP	1 415-A1
ľ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	łE	
ı	GEORGE E. NOI	7.17.1.5	MARU	ELLEN G	-LOSS
		SOCIAL SECURITY NO. 17. IN	FORMANT /	Addre	SS .
ľ	Yes, no, or unknown) (If yes, give war or dates of service)	21-31-9374 1	MRS. NANNIE	NORRYS - GAP	LAND MD.
F	18. CAUSE OF DEATH [Enter only one cause per li			TORRES VIII	
ı	PART I. DEATH WAS CAUSED BY:	A- am a second	Mary has	5-1	INTERVAL BETWEEN ONSET AND DEATH
L	IMMEDIATE CAUSE (a)	N worrary	VVVVONWOSA		G Imoutation
	DUE TO				
L	Conditions, if any, which) (b)				
ı	gave rise to immediate Cause (a), stating the under-				
Н	lying couse lost. (c)				
1	PART IL OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	LDISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY
È	É				PERFORMED? YES NO NO
į,	20a. ACCIDENT WAS UNDERLYING 1 20b. DES	CDIBE HOW INTUDY OCCUPAGE	D. (Enter noture of injury in Part	Lor Part II of Jam 18.3	120 110
6	✓ FOR CONTRIBUTING [1] CAUSE OF DEATH	CKIBE HOW INJURY OCCURRE	D. Leurer Rotore de Infory III (OII	y di roll il di liam to j	
		,			
1		- In	ACE OF INJURY (Hame, form,): stary, street, affice bldg., etc.) !	20f (City or tawn)	(Caunty) (State
	Hour a.m. While at wor	1101 WIIII8			
ı	21 I certify that (I) (this haspital) attend	ded the deceased from	Anil 10 idal	2 tours 20	, 160, that (I) (we) las
L		7 //	7 1170	//	* * * * * * * * * * * * * * * * * * * *
L	saw the deceased alive an MAL	and that o	learn accurred at 1 *4M	, tram the causes and	an the date stated above 22b DATE
Н	17181-1011	Year -	M D PHYS MED DIRECT	STAFF	SIGNE
L	700 aco	00		TOR PHYS	
l	22c. PHYSICIAN'S NAME (Type)	- 1%	22d. ADDRESS	1 - 3	Trad
	G. W. LEVO		No ch	arro,	ma.
2	30 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23	d LOCATION (City, town, or	county) (State)
	SURVAL SPECIFY SUNE. 24.1960	DIE CANT VIEW	N OEMETERY	BURKETTSVILLE	FRED. COMP.
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Y REGISTRAR 256 REGIST	TRAR S SIGNATURE
	11 791 112 12	INCOLON MD	4114	1 2 2 100	- 0 de



MARYLAND

c. LENGTH OF STAY IN 16

a. STATE

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on)

c CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)

MARYLAND

L. COUNTY WASHINGTON

PLACE OF DEATH

· COUNTY WASHINGTON

b. CITY OR TOWN (If autside corporate limits, write

funeral 200 filled

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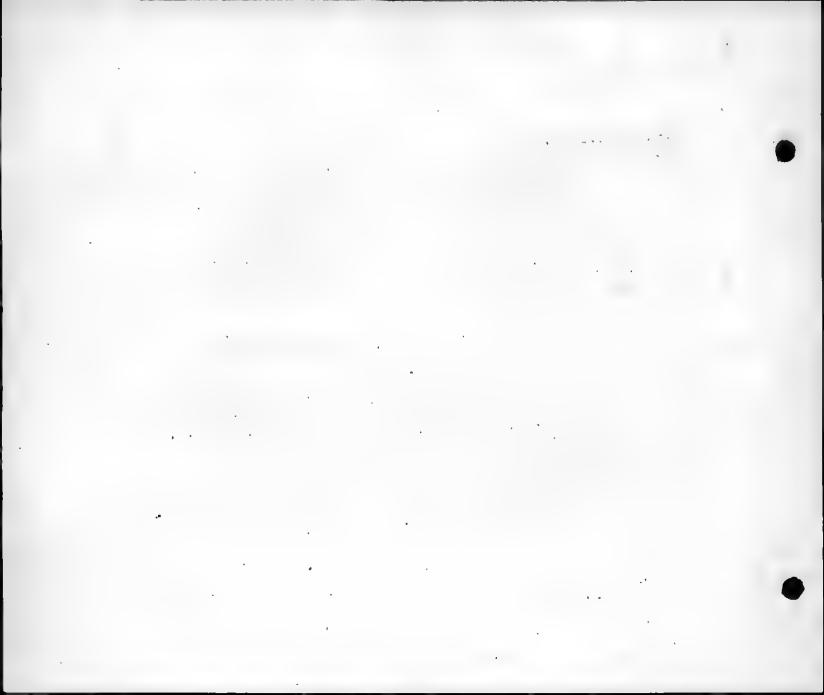
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death certificate

5 DIRECT 3 shauld 0 VS A15 (4)

15M 9/58

RURAL and Dive naunest sown 12 YRS. HAGERSTOWN d. NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 411 MITCHELL AV YES NO 7 4. DATE OF DEATH First Middle Month Day Year DECEASED ALICE VIRGINIA OREN THINE (Type or print) 19 60 FEMALE IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthday) Months Days Hours WIDOWED A DIVORCED [7] 87 yrs. 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HO.1E PENNSYLVANIA U.S.A. HOHSBULLER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME **JEREMIAH** STILL MARY McCORMICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address NONE MR. JERRY M. OREN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ON HE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, Which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE OND TION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part (or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bidg , etc.) 0. m. Nat while at work at work 196 Plat I last saw the deceased 21. I certify that I attended the deceased from alive an _M, from the causes and on the date stated above. and that death accurred of DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BLRIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) 6/29/60 PENNA. THRE 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE ADDRESS 24g, REC'D 8Y REGISTRAR DATE JUN 2 8 '60 arthur & Hrand



FOR STATE HEALTH DEPT.

TO DEPUTY ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay essay, please execute the Articose, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 ta the funity rector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

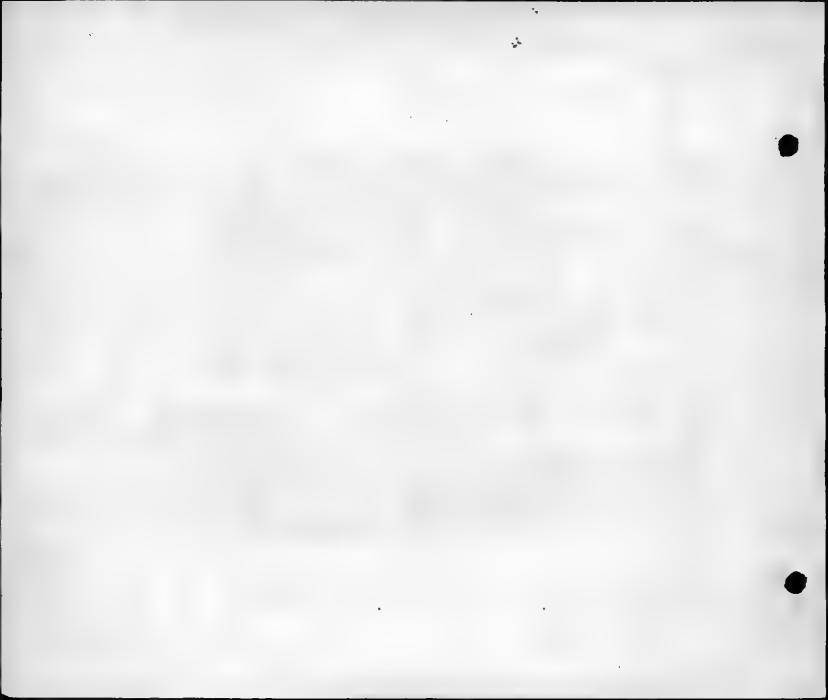
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transity mermit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriof, cremation, or removal, and in any ment within 72 hours ofter death. 171

VS. ALSME 5M 2/57

11.16

	MAKYLAND S	ALE DEPARTME	NI OF HEALIH-	-RALIIMOKE,	18
7	407 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dist. No 4118

П	1. PLACE OF DEATH 6. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
	WASHINGTON MARYLAND	O. STATE MAIZYLAND b. COUNTY WASHINGTON
	b. CITY OR TOWN (If outs de carporate limits, write RURAL ond give negres) town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HACERSTOWN ELEVEN YEARS	103 HAGERSTOWN
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS . IS RESIDENCE.
	1004 SALEM AVENUE	1 1004 SALEM AVENUE YES NOTA
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year
	(Type or print) ALDINE D	ALMER DEATH CUNE - 18. 1960
-	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1	Lord brothed and
	MALE WHITE WIDOWED DIVORCED	MAY-17-1902 58 yrs. Months Days Hours Min.
١	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11 (BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MACHINE OPERATOR - HAGERSTOWN SHOE CO.	NEAR MYERSYILLE FRED. CO MD. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	EDWARP YALMER	SARAH E . KOOGLE
1	[Figs. na, at unknown] [If yes, give wat as dates of service)	NFORMANT Address SALEM AVE.
	NO 1:17-09-5783 M	RS. NAOMI YALMER HAGERSTOWN MD.
1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BEZWEIN ONSEF AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) GURSKY +	wound Head Immed
1	DUE TO	
1	Conditions, "if ony, which (b)	
1	(a), stating the underlying DUE TO	
П	coute fost. (c)	LOT DEL TEN TO THE TENUTY OF T
4	E 07 11 11 11 11 11 11 11 11 11 11 11 11 11	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	5 C NO DETES MY 1/1 TOS D HY DET	FRANCIOLA (3 DEPRESSIVE PRACTICIO YES NO DE INTERNATION NO PORTE PORTE 1 OF PORT 11 OF PORT 11 OF PORT 18)
1	PRIMARY DO CONTRIBUTING DI Self Tufficte 6	
1		CE OF INJURY (Home, form, 201 (City or town) (County) (Stole)
	Hour o. m. While Not while	ory, street, office blog., etc.)
-	21. 1 certify that I took charge of the remains described abo	
-	apinion death resulted from: Natural causes . Accident	
П	opinion deom resulted from: National Causes [], Accident	, Svicide , Homicide , Undetermined monner
	SIGNATURE SCHOOL OLD DINGS THE	M.D. CHIEF MEDICAL EXAMINER (
	SIGNATURE 2 CREW DAIL W WINTO CH	ASSISTANT MEDICAL EXAMINER [] 6/27/60
	Examiner's NAME (Type) Edward W. Ditto 111, M. D.	
ŀ	220. BURIAL CREMATIO V. 226 DATE THEREOF 1220, NAME OF CEMETERY OR	
-	BURIAL SUNE 21-1960 ROSE HILL	
	23 TUNERAL DIFFECTOR S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
	Jalu D. Wast BOONSBORO	MD. DATE JUN 22'60 Ciriling S. Kraus
E		A STATE OF THE PROPERTY OF THE

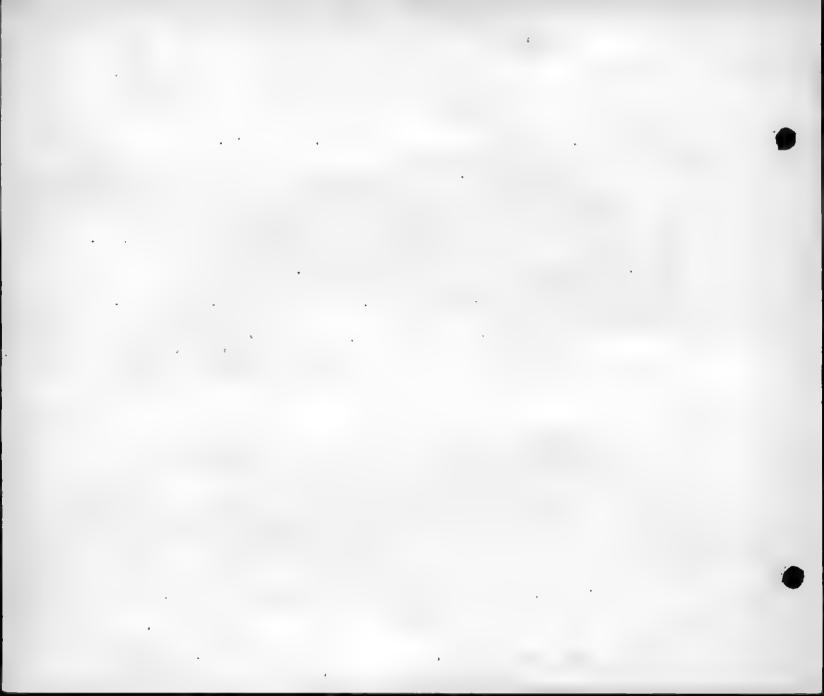


1 PLACE OF DEATH 0. COUNTWASH	NGTON		MAR	(LAND	2. USUAL RESI	D.	ere deceased i	ived If institution b COUNTY			admissi	an)
b. CITY OR TOWN RURAL ond give HAGERSTOWN			ENGTH OF STAY YEARS	IN 1b	HAGER		utside carpora	te limits, write R	URAL and	give near	est town)	}
OR INSTITUTION	N CO. HOSP.		ess)		d STREET A		AC ST.			8		DENCE FARM? NO X
3 NAME OF DECEASED (Type or print)	HELE	rst N]	Middle	PHE	LPS Los		4. DATE OF DEATH	Man 6	th	Day 24		ear 9 50
S SEX FEMALE	6 COLOR OR RACE WHITE	7. MARRIED [NEVER MARRI		MAY 30,	1905	9	AGE (In years last birthday) 55 yrs	IF UNDER Manths	1 YEAR I	Haurs	R 24 HRS Min.
during most of wa	ON (Give kind of work rking life, even if retired	done 10b. KIND J) DRY			MAR	LAND		ntry)		S.A.	WHAT CO	OUNTRY?
13. FATHER'S NAME	LICETENICO				14. MOTHER'S							
EDWARD J.	ER IN U. S. ARMED FOI	PCESS TIA SOCI	IAL SECURITY NO	Tiz INE	ANNIE	M. OD	EN	Add	race			
(Yes, no, or unknown)	(If yes, give wor or dates of		12-0444		. MARY	GEIST	III4 S	, , , , ,		. HA	GERS	TOWN
Conditions, if gave rise to cause (a), stating lying cause last	the <u>under-</u>	Ade	no Car	2Civ	OMG		+ B	Reast	Rt.	1	4R	1 +
CATIC	THER SIGNIFICANT CON	NDITIONS CONT	RIBUTING TO DE	ATH BUT A	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION G \	EN IN PAR		PERFO	NO M
G (IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESCRIBE	HOW INJURY C	CCURRED.	(Enter nature a	finjury in P	Part I ar Part I	l of item 18.)				
20c. TIME OF INJU	RY Month, Day, Ye	White at wark	Y OCCURRED Nat while of wark		CE OF INJURY (ory, street, affice			ir tawn)	(4	County)		(State)
saw the date	at (I) (this haspita	· .	the deceased			7	~ /	Une 2 he causes ar	4		stated	abave.
226 & GHATURE	and b	Hae	سعير	/ "	ATTENDING PHYS	X DII	D RECTOR	STAFF PHYS.	10	ne	22b	DATE SIGNED
2 c PHYS CIAN'S, NAME (Type)	RICHARO	(V. 1	HAUV	er	22d ADDRI	104	MAC	St. HA	gers	tow	N,	Md
23g BURIAL, CREMAT BURIAL (Specif	A Transfer of the contract of		ROSE HIL	_	CREMATORY			ON (C ty, town,			(Stote)
24 FUNERAL DIRECTO		GERSTOWN	ADDRESS W MM				BY REGISTR		STRAR'S SI			
LIVED A * 1	TATTOO UN	CENTO LOUI	1 9 TILL 6			DATESMAN	1 8 1 00	UN	Chun S.	Though		

the funeral director, thould be fined with fter death. Page 4 may be retailed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay

TO HOSPITA VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

e IS RESIDENCE ON A FARM?

YES NO TO

Year

1960

Washington

Day

28

U.S.A

(County)

Manths

IF JNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Sharpsburg

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

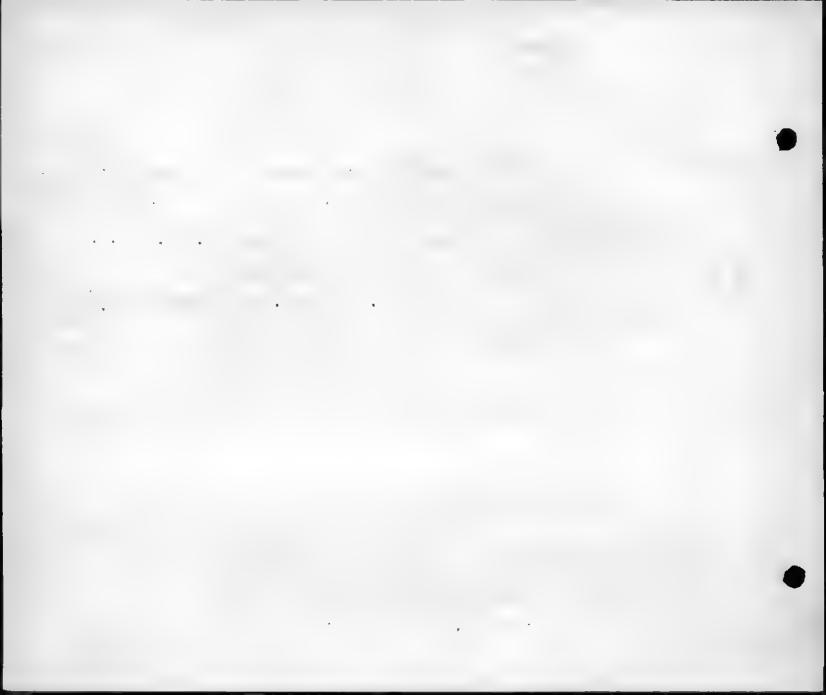
22b, DATE SIGNED

(State)

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY Maryland **b.** COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Sharpsburg shauld Hagerstown days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital Sharpsburg pup NAME OF Middle 4. DATE Month DECEASED Poges 1 Ada Poffenberger DEATH Colbert (Type or print) June death 5 SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years campletely last birthday) ofter Female White DIVORCED [7] WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) hours during most of working life, even if retired)
HOUSEWITE Home W. Quarry Knotts Va. puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Colbert Anna Grey with. 17, INFORMANT 16. SOCIAL SECURITY NO Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? NO No or unknown) Thomas R. Poffenberger None è please any CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) †he pup é permit. removal, Conditions, If any, which (b) has been signed gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost burial-transit ö CERTIFICATION NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY OTHER SIGNIFICANT CONDIT cremation, adi 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I! of Item 18) 20a ACCIDENT WAS UNDERLYING/ After this certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) as the SAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year factory, street, office bldg., etc.) Hour a.m. While Not while at work 🗍 ot work detached for 21. I certify that (1) (this haspital) attended the deceased fram 20 Led, and that death accurred at 3 19 M. from the causes and an the date stated above. saw the deceased alive an TO FUNERAL DIRECTOR: 22o SIGNATURE ATTENDING PHYS. MED DIRECTOR | STAFF pe M.D. 22c PHYSICIAN'S 22d ADDRESS 3 should NAME (Type page 3 sh the State i OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, BITT PAL (Specify) Sharpsburg Maryland Cemetery 256 REGISTRAR'S SIGNATURE PUNERAL DIRECTOR 250 REC'D BY REG STRAR arthur S. France

nerol director, be filed with death. Page innerol 07 Ξ. filled mauries that the death contincate be executed physician attending aftending physician b by the

VR A15 (4) 15M 9759



Calling & Kroun

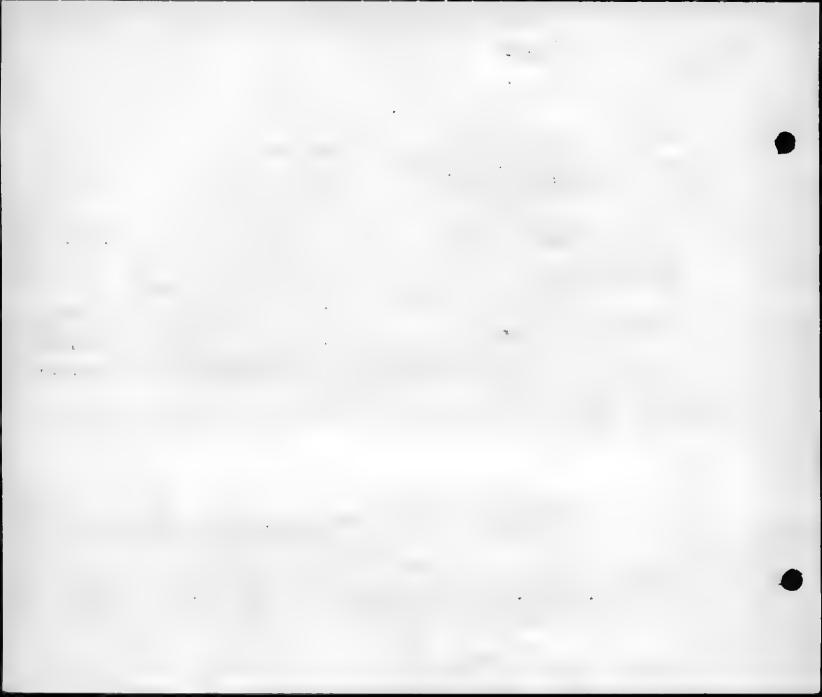
7	7410	CERTIFICA	TE OF DEATH		0.411
1	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL)	ere deceased lived. If institutions AND b COUNTRY A	Residence before admission) SHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give powers town)	c. LENGTH OF STAY IN 16 25 YRS.	HAGERSTON	stside corporate limits, write RUR	AL and give nearest town)
	WESTERN MD. STATE HO	SPITAL	d. STREET ADDRESS 214 SUMM	IT AVE.	e. IS RESIDENCE ON A FARM? YES NO []
	3 NAME OF DECEASED (Type or print) SLLLAY A	G KLY	Poole	4. DATE Month OF DEATH	14 1960
	S. SEX 6 COLOR OR RACE 7 MAR WIDOW		B. DATE OF BIRTH 8/12/189		UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	100 LSUAL OCCUPATION (Give kind of work done 10b during most of work no life even of retreat	KIND OF BUSINESS OR INDUSE SERVICE STAT.	· ·	•	U.S.A.
	ABRAHAM L. POOLE		MAMIE TO	4S	
	(Yes, no_or_unknown) [If yes, give war or dates of service)	SOCIAL SECURITY NO 17 III	MR. ROY PO	HAGERSTO	WN _{MD} .
,	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour o. m. 19 While of wo 21 certify that (I) (this haspital) attention	CRIBE HOW INJURY OCCURRED Not white of work ded the deceased from	NOT RELATED TO THE TERMINATION OF THE TERMINATION O	NAL DISEASE CONDITION GIVEN Torl I or Port II of Item 18) 20f. (City or Iown)	(County) (Stote)
	sow the deceased alive an Julian 22a. SIGNATURE 22c PHYSICIAN 3 NAME (Type) Dr. Young B. Ch	Chun		M, from the causes and STAFF RECTOR STAFF PHYS. AV	an the date stated above 276. DATE SIGNED
	230 BURIAL CREMATION, 236, DATE THEREOF 6/16/60	23c NAME OF CEMETERY OF REFORALD	CHURCH CE.A.	23d LOCATION (City, lown, or AIDLLLTOWN	county) (State)
	OF BUNEDAL DIDECTOR'S CICNIATURE	A ADDORCA	25- 05-11	ON DECRETAR DECRET	DAD'S SIGNIATURE

may be resulted by the haspital or attending physician.

TO FUNER L DIRECTOR: After this certificate has been signed by the attending physician and mampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with the State Board after the prior to burial, cremation, ar removal, and in any event, within 72 hours of er death. TO HOSPITA VR A1S (4) 15M 9/59

frer death. Page 4

ATTINDING INTRICIAN: The law require that the least hertificate be executed within 2 | | | | | |



TO HOSPITA

VR A15 (4) 1SM 9/59

159-W-WASH, ST

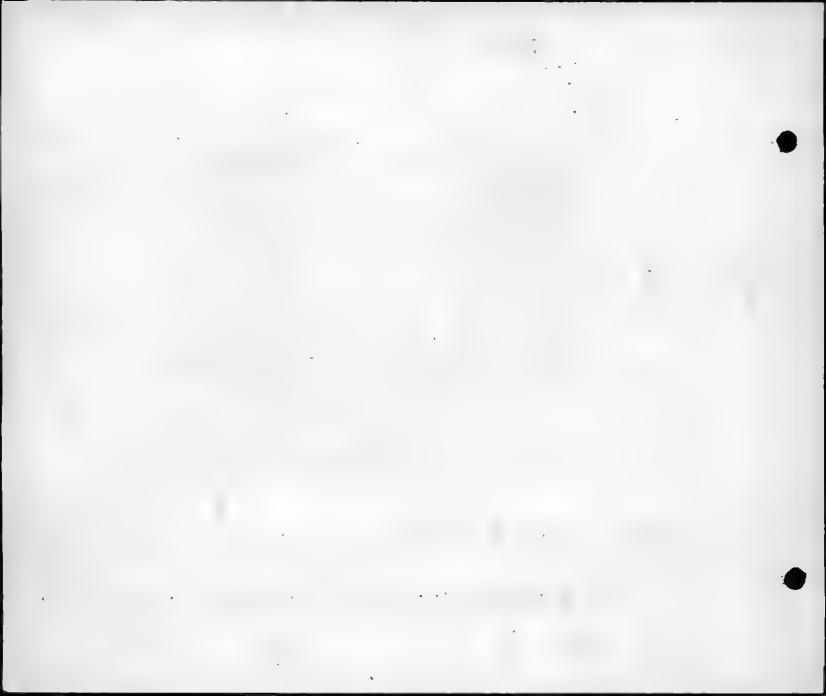
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7411

CERTIFICATE OF DEATH

PLACE OF DEATH		17		SUAL RESIDENCE (Where deceased In	ved. If institution: Re b. COUNTY	sidence before admission)
WA:	SHINGTON	MARY	LAND	MARKLA	N/A		NGTON
	(If outside corporate limits, write	c. LENGTH OF STAY	N 1b c			e limits, write RURAL	and give nearest tawn)
HAGER.	STOVIN	12 Hours	S	MT. F	321612	- RUZ	A/
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stre l		- 44	I. STREET ADDRESS	1-	4.7.7	e IS RESIDENC ON A FARM
WASH	t. Co. Hosi	PITAL		THE WATER	EDYSVILL	e MUK	YES NO
3 NAME OF DECEASED	First	Middle	_	Lest	4 DATE	Month	Day Year
(Type or print)	CHARLES	000 1	R.	EESE	OF DEATH	TUNE -2	8 196
S SEX		ARRIED NEVER MARRIE	D B DAT	E OF BIRTH	9	AGE (In years IF UI	NDER 1 YEAR IF UNDER 24 H
MALE	WHITE WIDO	WED DIVORCED	$\Box A_{II}$	Cn. 28 -	1876	83 yes //	oths Days Haurs Ma
10g USUAL OCCUPAT	ON (Give kind of work done 1)	DE_KIND OF BUSINESS OF	R INDUSTRY I	1 BIRTHPLACE (SE	ate or foreign coun		CITIZEN OF WHAT COUNT
16 7	rking life, even if retired)	Duning		A		11 0- 140	11.0 13
13. FATHER'S NAME	HOOLTEACHER	LUBTIG 20	Heal	MOTHER'S MAIDE		H. CO. MD	U_0_1/7
IS, TATTER STANKE	. 0		14.	46.4			
EZ	RA KEES	<u> </u>	T 1115000		9 KTHA	HRNO	1CD
15, WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17 INFORM	ANT		Address	
N 6		215-20-829	FAMIRS.	ELSIE M	REESE	KEEPYS	VILLE MDR.
18. CAUSE OF DE	EATH [Enter only one couse per	line far (a), (b), and (c)]				1	INTERVAL BETWEEN
PART I DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Commen	1 (Scelu	1 cera		Ada
LUSA	DUE TO		7 .	1	1		
Conditions, if	and the second	(2-X2-1)	000	- An. 5	+ others	ort 1	5 us
gove rise to	immediate (C-1120.10	-710-6	, veey	2000		
lying cause last		Orters	-0006	, 58, S	e P		1 740
	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEA	TH BIT NOT	CLATED TO THE TE	BUILDING DICEASE C	CONDITIONIC VENTIN	PART I(a) 19 WAS AUTOR
PART IL Q	THER STORIFICANT CONDITION	S CONTRIBUTING TO DEA	UH BUI NOT I	CEDATED TO THE TE	KMINAL DISEASE C	III PISTO NOTICINO.	PERFORMED
2							YES NO
I ⊆ OR CONTRIBUTIN	VAS UNDERLYING [] 206 D IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	ESCRIBE HOW INJURY OF	CCURRED (Ent	er nature of injury	in Part I or Part II	of item 18)	
\$ 20c. TIME OF INJU	JRY Month, Day, Year 20a	I INJURY OCCURRED	20e PLACE O	F INJURY (Hame, f	orm, 20f (City or	town)	(County) (St
20c. TIME OF INJU	10	ile _ Not while_	factory,	treet, office bldg.,	etc.)	2	, , , ,
∑ p. m,	. Or s	vark at work	- /	45 3		106	7
21 I certify th	at (I) (thi s hospit ol) ofte	inded the deceased	from.	(T	196 10	ine Co	19. <u>0.0</u> , that (I) (we) I
sow he deced	osed prive on Mine	1960, and	that death	occurred of?	2-JM, from th	e couses and on	the date stated abo
220 GYATURE	2/2/10	1			_		22b DAT
1 huy	1 XIVIGEnna	~	M.D	ATTENDING PHYS	DIRECTOR .	STAFF PHYS	6/20%
22c PHYS CIAN'S NAME (Type)	1/			22d ADDRESS			-
NAME (sype)	Philip J. Hirs	shman, M.D.		159 W.	Washingt	on St. Has	zerstown, Md.
230 BURIAL CREMATI	ON 23b. DATE THEREOF	23c NAME OF CEME	TERY OR CRE			N (City, lawn, or cou	
MEMOVAL (Specify	y) 1 1 1 161	()	LAUCA	1.000			A 4 10 =
24 FUNERAL DIRECTO		ADDRESS	HAVEN	250. R	124 11112	E IZS TO VVIV	S SIGNAT 185
TA SOUTH DIRECTO			TD.			Chilling 2	
Dan F3.	1000	PONSBORD N	TP	DAM	IT 2 00	Colomby 2	



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7412 302 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH o. COUNTY a. STATE COUNTY MARYLAND Washington Maryland b. CITY OR TOWN (It autside corporale limits, write c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest lawn) Hagers town
d. NAME OF HOSPITAL (If not in hospital, give street oddress) dagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Washington County Hospital Funkstown 4. DATE Middle Last Month Year DECEASED DEATH (Type or print) ROHRBACK 16. 1960 19 ROULETTE June RIJ.SWORTH IF UNDER 1 YEAR OF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months DIVORCED [69 WIDOWED [Malle White 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State ar fareign country) during most of warking life, even if retired) USA President, Nicodemus Sharpaburg Wash Co Bank Annie Rohrback Roulette John 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 219-20-3818 Robert E. Roulette, Hagerstown R#3 No INTERVAL BETWEEN CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Thrombosis hours IMMEDIATE CAUSE (o) DUE TO Atherosclerosis Years Conditions, if ony, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO None. CERTIFIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1) of item 18.) 20d. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, PLACE OF INJURY (Home, form, 20f, (City or Jown) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year factory, street, office bldg., etc.) Hour o.m. While Not while al wark al work p. m 21 I certify that (1) (this haspital) attended the deceased from June 16 1960, to June 16, 1960, that (I) (we) last 16. 1980 saw the deceased alive on June and that death accurred at 6A M, from the causes and on the date stated above. 22b, DATE 22e SIGNATURE 18,1966NED ATTENDING MED. PHYS. M D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Bell. Hagerstown. Maryland. M.D. 23b. DATE THEREOF 23d LOCATION (City, lown, or county) 23a, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Maryland Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Krous DATEUN 2 0 '60

Andrew K. Coffman, Hagerstown, Md

director, funeral should 67 puo ,5 filled Pages death 72 hours ofter ē papers. COMP puo carban physician requires that the death certificate гетаме attending please any pup removal. permit gned certificate has been si the burial-transit cremation, ar oftending detached far

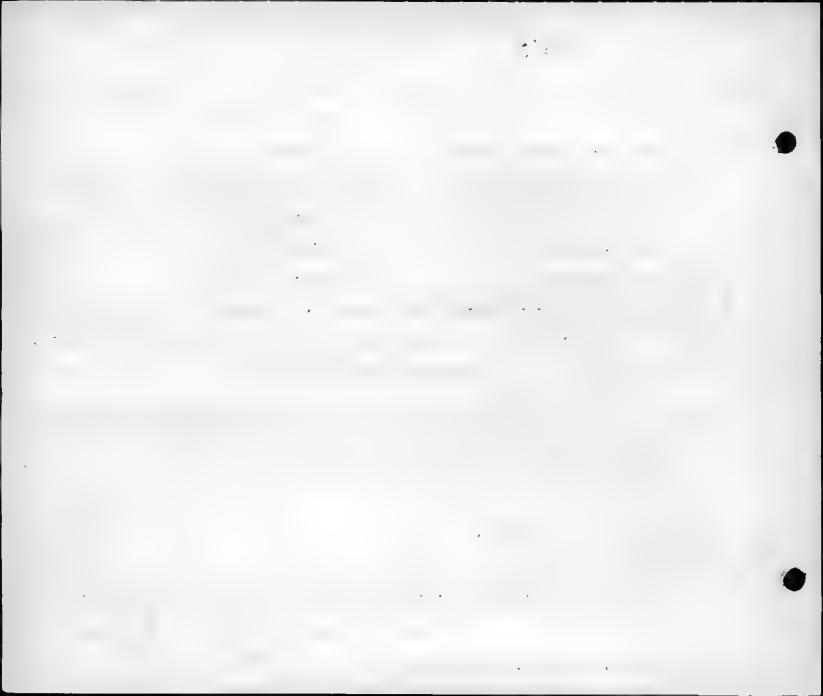
TO FUNERAL DIRECTOR: ά VR A15 (4)

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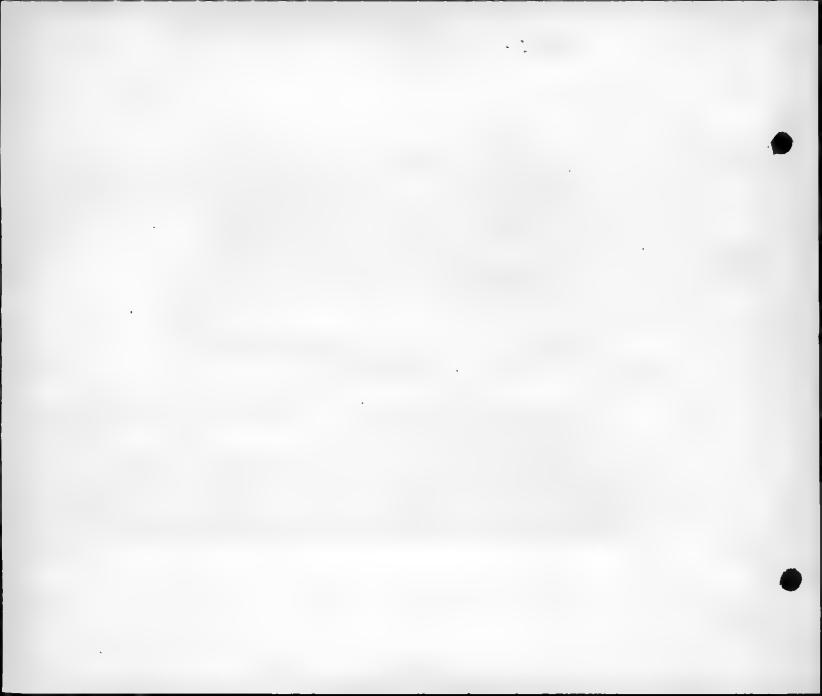


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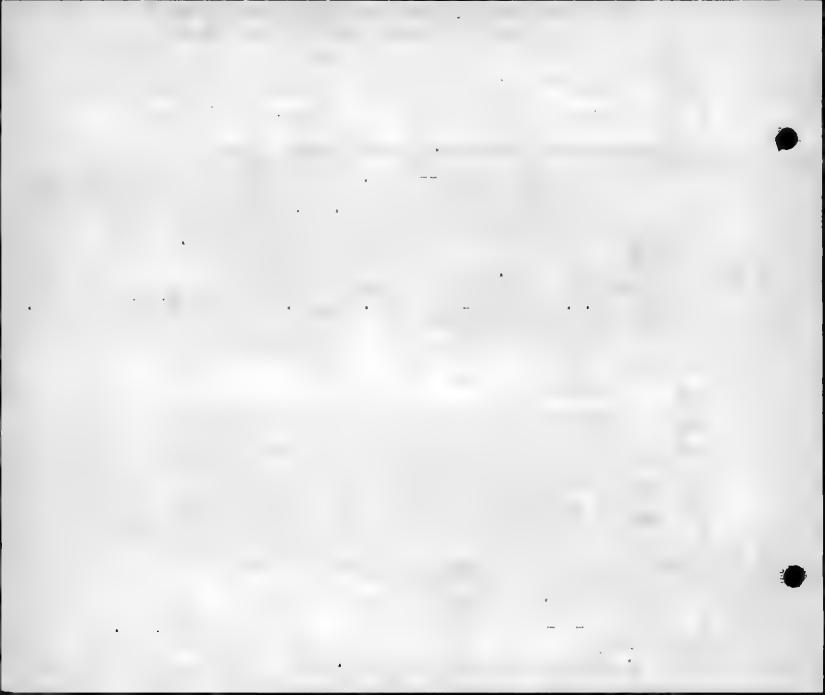
VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 7413

OCUNTY		2. USUAL RESIDENCE (Who	re deceased lived. If institute to COUNT		fore admission)		
WASHINGTON	MARYLAND	VYIARULA	NO W	ASHING	roni		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	NGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporale limits, wrete				
HAGERSTOWN ND.			15130RO		T TO DESCRIPTION		
d. NAME OF HOSPITAL (If nat in haspital, give street address OR INSTITUTION)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?		
WESTERN MOISTATE HOSPIT	AL	LA	KIN AVEN	UE	YES NO X		
NAME OF DECEASED	Middle	Last	OF		Day Year		
17	beth Rus		./	4112 2.8			
		B. DATE OF BIRTH	9. AGE (In year	Months Days	R 19 JNDER 24 HR5 Hours Min.		
FEMALE WHITE WIDOWED	DIVORCED [JULY-36 - 1890	0 (09 41				
0a USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State of	r foreign country)	12 CITIZEN C	OF WHAT COUNTRY?		
HOUSE WIFE OVEN	HOME	1300NSBOL	30 WASHIC	O. M.D. U.S	A.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	-			
SAMUEL MEREDIT	H	FANIAL	E FLOOR	11			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL		FORMANT		ddress			
(Yes, no, or unknown) (If yes, give war ar dates of service)	100	HNT. RUSSE	ED B	SBORO N	n 1):		
TIB. CAUSE OF DEATH Enter only one couse per line far (114 11 11 1226	1 <u>-16 1-0017</u>		TERVAL BETWEEN		
		movia bin	1 6 5	10	SET AND DEATH		
IMMEDIATE CAUSE (0) 4-002		Julayer					
7 DUE TO							
Conditions, if any, which) (b) 2010	Z	Inknown					
gave rise to immediate Couse (a), stating the under-							
lying couse lost (c) CCICCI	noma of	the breast			8 415.		
			NAL DISEASE CONDITION C	HVEN IN PART 1(a)	19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED? YES □ NO □		
200 ACCIDENT WAS UNDERLYING 206. DESCRIBE H	OW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18 }				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY	OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	20f. (City or town)	(Count)	y) (State)		
Hour o. m. 10 While N	lat while foc	lory, street, office bldg., etc.		(======	(5.2.0)		
	t wark						
21 I certify that (I) (this haspital) attended th	e deceased fram.	march 21, 190	C. to Junea	8 , 1960,	that <u>(I)</u> (we) last		
saw the deceased alive an 1000 2 S. 1	960, and that d	eath accurred at	M, from the causes o	and on the dat	te stated abave.		
22o. SIGNATURE		A PERADING			226 DATE SIGNED		
Lietter L. Ka	mae .	ATTENDING ME	ECTOR PHYS.	9	Lune DEIK		
22c PHYSICIAN'S NAME (Type)		22d ADDRESS		1	7.		
NAME (Type) VICTOR L. Ran	nos, m.D.	Western 1	nel. State H	ispital h	Kigerskung		
PENOVAL /Speciful	NAME OF CEMETERY OF		23d LOCATION (City, Town	7	(Stole)		
DURIAL DUNE . 30.1960 3	DOONSBORD	CIEMITTERY	BOONSBORD 1	NASH. C	O.MD		
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a/REC'D	BY REGISTRAR 256 RE	GISTRAR'S SIGNAT	JRE		
- Jahr H. Bast 1300NS13	0120 MD.	DATE	. 5 '60 C	silvery a. The			



VS. A15ME(5)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7414 CERTIFICATE OF DEATH

07416

	7 7	4 7							'	Keg. Dis	t. No.		
1. PLACE OF DEATH	1.7 1.4 1			- 11	USUAL RESID	DENCE (Wh	ere decease		institution DUNTY	Residenc	e before	odmissi	an)
	Washingto		MARYLANI			Penns					rank		
b. CITY OR TOWN I RURAL and give a	(If autside carporate limi learest tawn)	ils, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR T				write RUS	RAL and g	ive neare	est town]	,
Hagerst							nesbor	,0			1	1	off the state of t
OR_INSTITUTION	TAL (If not in hospital, g				d. STREET A						e.	IS RESI	DENCE FARM?
Washing	ton County	Новр:	ital		306	West	Main	Stree	t				NO K
3. NAME OF DECEASED	Fie	rsl	Middle		Los		4. DATE		Month		Day	Y	fear .
(Type or print)	Clare	nce	R		Schaef	fer	OF DEATH		Jับ	ne	10	1	9 60
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED] B. D	ATE OF BIRTH	1		9 AGE (In	years I	FUNDER			
Male	White	WIDOW	ED DIVORCED	0	et. 12	1886		73	yrs.	Months	Days 1	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN				or foreign c	ountry)	<u> </u>	12 CITI	ZEN OF	WHAT	COUNTRY
Owner	rking life, even if retired		nfectionery S	tore	Per	ma.					U.S.	Α.	
13. FATHER'S NAME		1001	200010101		. MOTHER'S		IAME				U+13	•4.	
Ja	cob W. Sche	offer	r		Sat	rah Re	eeder						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	'. INFO					Addres	1 M	naah.		Pa.
No. No. of unknown;	(If yes, give war or dates of s	errice)	86-28-2737	Mrs.	Nead:	ia P.	Schae	ffer.	306	W. I	Media	St.	186
	ATH [Enler only one co			W 44, 55	2105(4)		DOIMO	<u> </u>	700	11 0 1		VAL BET	
	ATH WAS CAUSED BY:		•	3	MAAMA	matri		toman	1		I ONSEI	AND	DEATH
201	IMMEDIATE CAUSE (o		Reticulum cel	T De	ircoma,	reci	орегл	conea	<u> </u>			LO M	os.
Condition if	30	,											
Conditions, if a	immediate (-					-		
couse (a), stating lying cause lost.		•											
			CAITGOUTIAC TO DEATH I	LIT NO	F BELLATED TO	THE YEAR	NILL DISCASI				24 - 120		
TA3		DI IION3	ONTRIBUTING TO DEATH E	IUI NO	KELATED TO	IHE LEKMII	NAL DISEAS	CONDIN	ON GIVEN	I IN PART		PERFOR	NO X
OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUP	RED. (E	nter nature of	injury in P	ort I or Part	II of item	18.)				
	MEDICAL EXAMINER)												
20c. TIME OF INJUIT	RY Month, Day, Yes			PLACE	OF INJURY (I	lame, form,	20f. (City	or lawn)		(C	aunty)		(Slote)
p.m.	19	While of work	k d st work	lociot y	, an eer, drike	Diog., etc.	'						
21. I certify the	nat I attended the	decease	ed fram		1940	. ta J	une l	0. 1	•60	that I I	ast sau	tha c	daceases
alive on	June 10.	6 مد		th ac	_, .,,		M, fron						
	11 0 1		, , , , , ,	1111 00	corred or.		ADDRESS (St	reet, city or	tawn, slo	u on m stel	e dore	PHOLE	a abave TE SIGNEC
ACTUAL SIGNATURE	1811	Le la constitution de la constit	well	M D.	3		Balt						11/60
PHYSICIAN'S NAME (Type)	v. C. Brewe	r, M.	D.			Green	castl	e, Pe	nna.		Belle dille dille Sprades da		
22a. BURIAL, CREMATIC REMOVAL (Specify	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d LOCAT	ION (City,	lawn, ar	county)		(Slote))
Burial	June 13	,1960	Green Hill	Cer	netery		0.0	ynesb				Pen	ling.
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 24b	. REGISTS	AR'S SIG	NATURE		
A Man	Oin Nos	3	Jameshana F			DATE A	IUN 1 4	'60	C:	Il.a	8 4.	4	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Ther death: Page 4 may be relief by the hospital or ottending physician.

TO FUNERAL BIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours, electhed.

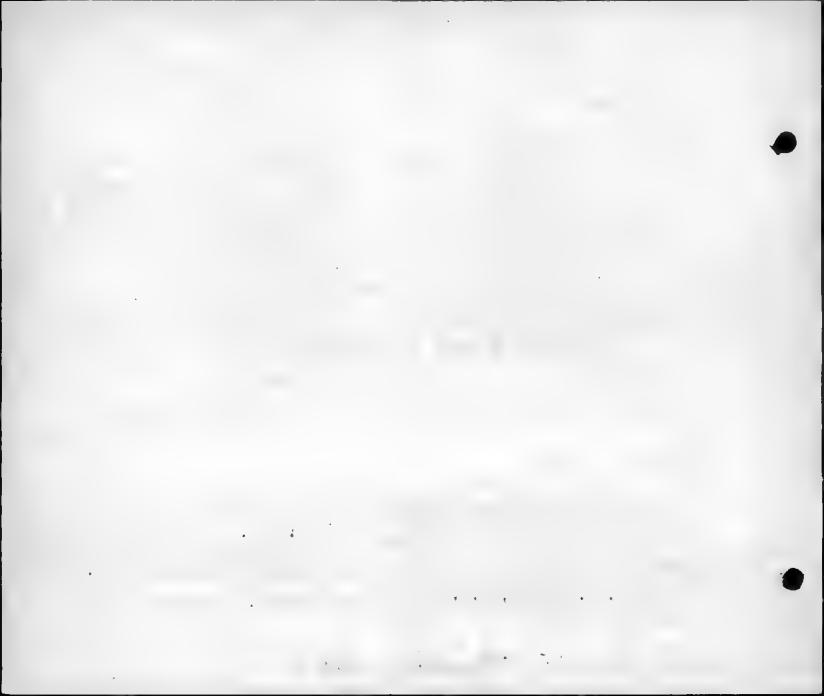
VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

7415 CERTIFICATE OF DEATH

200 bet-							فيتناش أباننا		
	PLACE OF DEATH	HINGTON	MARYLAND	2 USUAL RESIDENCE (WHO O STATE MARY	LAND	b. COUNTY	on Residence	HINGTO	N N
	B. CITY OR TOWN (I	outside corporate limits, write	c. LENGTH OF STAY IN 16 40 YRB.	C HAGERST	OWN	le limits, write RI	URAL and g	ve nearest law	n)
	WASHINGI	AL (If not in hospital, give street ON COUNTY HO	oddress) SPITAL	/d STREET ADDRESS P	AMOTO	C ST.			SIDENCE A FARMA NO [4]
3	NAME OF DECEASED (Type or print)	SAMUEL First	MONROE	SHAFFER	4 DATE OF DEATH	JUNE	ih	Doy 6	Year 19 60
	MALE	6. COLOR OR RACE 7. MAR WHITE WIDOW	ED DIVORCED	8. DATE OF BIRTH 12/21/189	-	last birthday) 6 Byrs.		YEAR IF UND Days Hours	ER 24 HRS.
	RETIRED	N (Give kind of work done 10b ring life, even if relived) PLUMBER	KIND OF BUSINESS OR INDU PLUMBING REP	L DL'	NNSYL		12 CITI2	U.S.	
1:	WILLIAM	H. H. SHAFFE	R	14. MOTHER'S MAIDEN N PHIANNA		ES			
1		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. I	MRS. DORO	THY SI	Addr HAFFER	ess HAG	CRSTON	7N
3	Canditions, if a gave cise to it cause (a), stoling lying cause fast.	DUE TO	ronary Insu	tic ffeart D			EN IN PART](a) 19 WAS	DEATH YS YOURS
MOSTACISITATION	200 ACCIDENT WAS OR CONTRIBUTING	S UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part 1	of ilem 18.)			RMED?
MEDICA	20c: TIME OF INJUR Hour o, m, p, m.	While		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f (City o	r town}	(Co	ounly}	(Slate)
	21. I certify the alive an July Actual Hamasure Physician's Walter NAME (Type)	at I attended the decear	mon and that death	accurred at	CORESS (Street	the causes a et. city or town. I	nd an the	D	
2	BURIAL CREMATIO	DURIAL	220 NAME OF CEMETERY OR ROSE HILI	R CREMATORY	22d. LOCATIO	ERSTOW	r county)	'AD.	e)
23	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		BY REGISTRA		TRAR'S SIGN	4 4	



TO HOSPITA

VR A15 (4)/ 1SM 9/SP)

Nows

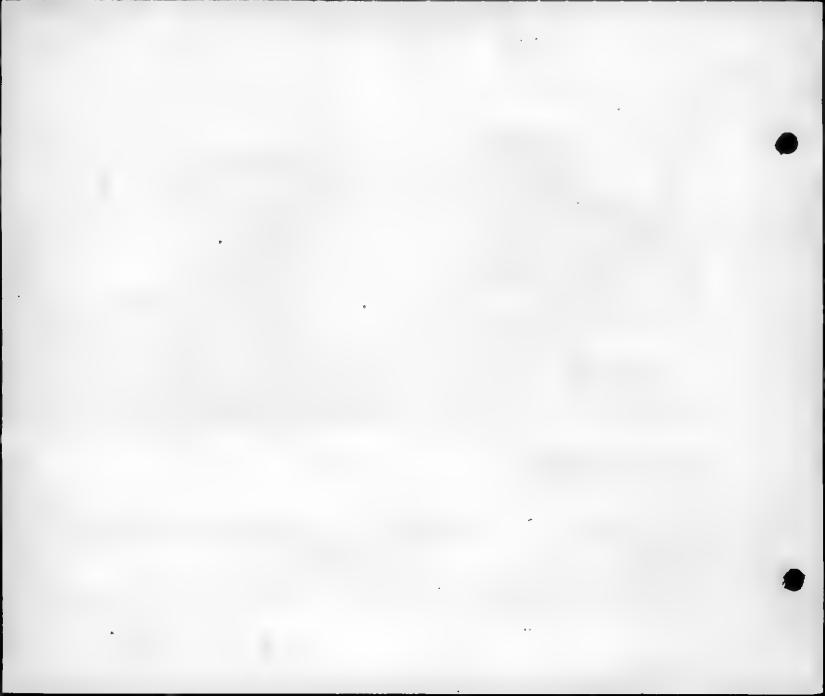
beath.

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O C

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
7416 CERTIFICATE OF DEATH 7416

1	1, 3	PLACE OF DEATH					2. USUAL RESIDEN	CE (Wher	e deceased lived	A STATE OF THE PARTY OF		re odmi	ssion)
IJ	L	Was	shington		MARY	LAND	Me Me	aryl	and	b. COUNTY W	ashin	gtor	1
		CITY OR TOWN (IF RURAL and give no RURAL and give no RURAL TOWN	outside corporate lim orest town) 1	ils, write	c. LENGTH OF STAY X HYS.	IN 1b	e city or tow	,		mits, write RUR ural)	AL and give ne	aresi lov	vn)
1	-	d. NAME OF HOSPITA	at (If not in hospital, in County		· ·		RFD #2					ON	SIDENCE A FARM?
	- 1	NAME OF DECEASED (Type or print)	Debra		Middle Le s		Shank	1	DATE OF DEATH	June	1	у	Year 1960
	s. s	Female	6. color or race White	7. MARRIE	_		June 1	196	lo:		UNDER 1 YEAR	Hours	·T -
	10o	USUAL OCCUPATION of work	N (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS C	OR INDUS	Hagers)	12. CITIZEN O USA	FWHAT	COUNTRY?
	13.	FATHER'S NAME	ale Lee	Shanl	k		14. MOTHER'S MA		^{Me} Maugan	.8			
	15, (Yes		IN U. S. ARMED FOI If yes, give wor or dates of:		None		Pormant Dale I	Lee	Shank	Address Hagers		Md I	RFD#
1	CERTIFICATION	Conditions, if or gove rise to ir couse (o), stoting I lying couse lost. PART II. OTH 200. ACCIDENT WA	mediate DUE TO	D) MO	ngo/1	S m	C C			VDITION G.VEN	Sex t	SET, AN	ALTOPSY ORMED?
	MEDICAL C		MEDICAL EXAMINER) (Month, Doy, Ye	20d, INI While of work	JURY OCCURRED Not while of work		CE OF INJURY (Hom lory, street, office blo		20f. (City or to	own)	(Counly	1	(Stote)
		saw the deceas 220 SIGNATURE 22c PHYSICIAN'S NAME (Type)	(1) (this hospital ed alive an	l) attende		that d	and ATTENDING PHYS 27d ADDRESS	t A) ST	causes and	an the date	state	
×	Bı	BURIAL CREMATIO REMOVAL (Specify)	June 3-		23c NAME OF CEM Rivervie		emeterv		Willie	msport	Md.	,	ofe)
-	2	Albert 2	Lest 7	Vill	lonsport	77	// AV	ATE	BY REGISTRAS	250. 1203311	AR'S SIGNATE	aire .	
		00	1 / 0 /	XV	7			r					



may be retained by the hospital or attending physician.

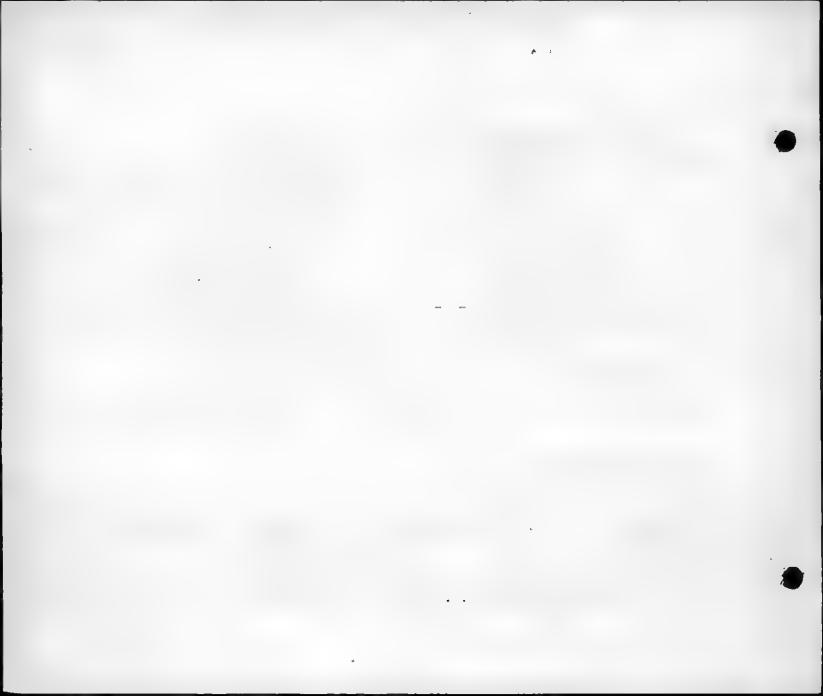
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or page 3 should be detached for use as the burial-transit permit. Then please remave carbon the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 to

TO HOSPITA

VR A15 [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 7 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (WI	nere deceased l		n Residence b	efore admission)
WASHINGTON	MARYLAND	MARYLAND		b. COUNTY	WASH	INGTON
b. CITY OR TOWN (If autside carporate limits, wri RURAL and give nearest tawn) HACERSTOWN	c. LENGTH OF STAY IN 16	HA GERST		te fimits, write Ri	JRAL and give	nearest town)
d NAME OF HOSPITAL (If not in haspital, give str OR INSTITUT ON	reet oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSP:	TTAL	664 OAK RI	DŒ DRI	VE		YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Man	th	Day Year
(Type or print) GEOR	CEC .	SHANTZ	DEATH	JU	VE	6 1960
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)		EAR IF UNDER 24 HRS
MALE WHITE WIDE	OWED TO DIVORCED	Oct 12 1896		63 yrs	Months Day	ys Hours Min.
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cou	ntry)	12 CITIZEN	OF WHAT COUNTRY
FREIGHT CONDUCTOR 13. FATHER'S NAME	RATIROAD	MAR YT.			U	5 A
GEORGE SHANTZ		BESST	E LINE	BAUGH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 H	NFORMANT	DILI.	Addi	ess	
YES (If yes, give war or dates of service)	719-05-6263 н	ARRY Y SHANTZ	RT #L	HA GERS	COWN MA	RYTAND
18. CAUSE OF DEATH [Enter only one couse p			- ABA - 12 W	744,044,047	[1	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tu Princiary	Tuberca	Incis.		(ONSET AND DEATH
OPS X DUE TO	1611112111114	7 51 70 77 77 77	11,270			
Conditions, if bny, which)						
gave rise to immediate						
cause (a), stating the under-						
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDIT ONE	EN IN PART TO	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION ATTEMPTS ITT OF AB	deminal ArT	5. 174per	וק ידידין	240F/70	estate	YES NO
20g ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE	D (Enter noture affinjury in	Part I or Part I	l of item 18.)		
	11		y			
	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	n, 20f. (City o :.)	r town)	(Cour	nly) (Stote
p. m. 19 of	work at work			¥		
21. I certify that (I) (this haspital) att	ended the deceased fram	1-2 19	5 8 to .	Jerre le	, 196C	that (1) (we) las
sow the deceased alive on 6:-						ate stated above
220 SIGNATULE P	eneral		ED IRECTOR	STAFF PHYS	6	226 DATE SIGNED
22c PHYSICIAN'S		22d ADDRESS		/	-	
NAME (Type) ROBERT P CONE	AD M.D.	CYC	queva	Town	mel.	
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATIO	ON (City, town, i		(State)
BURTAL (Specify) 6/8/60	REST HAVEN	CEMETERY	HAG	ERSTOWN	MARY	TAND
	OME ADDRESS	25g REC	D BY REGISTRA		TRAR'S SIGNA	
Changem Kouzen	HAGERSTOWN	MD. DATE	UN 8 '6	a	Thun S. A	Trains



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	74	s.	CERTIFIC	CA.	TE OF DEATH				W	420	
o. COUNTY	Washington	5	MARYLAN	ND	2 USUAL RESIDENCE (Who o. STATE		d lived If in b. CO	UNTY		before adm	
b CITY OR TOWN RURAL and give	(If outside corporate limits	, write	c. LENGTH OF STAY IN	16	c city or town (if of Rural 2	utside corpo		rrite RURA	L ond give	neorest to	_
	PITAL (If not in hospital, air				d. STREET ADDRESS Rural 2	- 110411	OCCH_	Iviora .	y <u>, , , , , , , , , , , , , , , , , , ,</u>	e. IS RI	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	First		Middle ton John S	sho	Last	4. DATE OF DEATH		Month 6	,	Day	Year 19 60
s. sex M	6. COLOR OR RACE		DENEVER MARRIED		14.8.1883	•	9. AGE (In lost birth	/ · · · ·		FAR IF UN	1
00 USUAL OCCUPA during most of w	orking life, even if retired)	one 10b K	IND OF BUSINESS OR IT	NDUS	Washingto	on Go			12 CITIZEI	NOF WHAT	COUNTRY
3 FATHER'S NAME 15. WAS DECEASED (Yes, no, or unknown)	Phomas Shoe VER IN U. S. ARMED FORCE (If yes, give wor or dates of ser	ES? 16. S	OCIAL SECURITY NO.	17. IN	Catherin	ne Mc	Carty	Address	. T O	Hone	ock
Conditions, gove rise to couse (o), stoli	immediate DUE TO		Ja	s	cipon	95	form	a C	e	19	bh
20a. ACCIDENT			7		NOT RELATED TO THE TERMI				IN PART 1	(o) 19. WA PERI YES [ORMED?
20c TIME OF IN.	n. 19	While	Not while of work	le. PL/	ACE OF INJURY (Home, farm story, street, office bldg., etc.	20f. (City	y or fown)	/	{Cou	inty)	(Stol
saw the dece	hat (I) (this hospital) eased alive an	fatte/fde	/- X		7 / / 4 / 1	O.ta_ M, fram	the laus	es and a	1 <i>60</i> 0	date state	
22c PHYSICIAN' NAME (Type	Im	Th	affer	1	M.D. PHYS DI	ED RECTOR	STAFF PHYS	- 2	. 1		SIGNE
	TION, 23b. DATE THEREOF	117	23c NAME OF CEMETER Stone Bri			Rura	TION (City,	równ, as c		shine	ote)
24. FUNERAL DIRECT		.0	ADDRESS	2		D BY REGIS		REGISTRA		IATURE	S W WILL

TO MOSPITA ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay marker death. Page 4 may be returned by the hasp tall an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove catban pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event within Arbaurs after death.

VR A15 (4) ISM 9/59



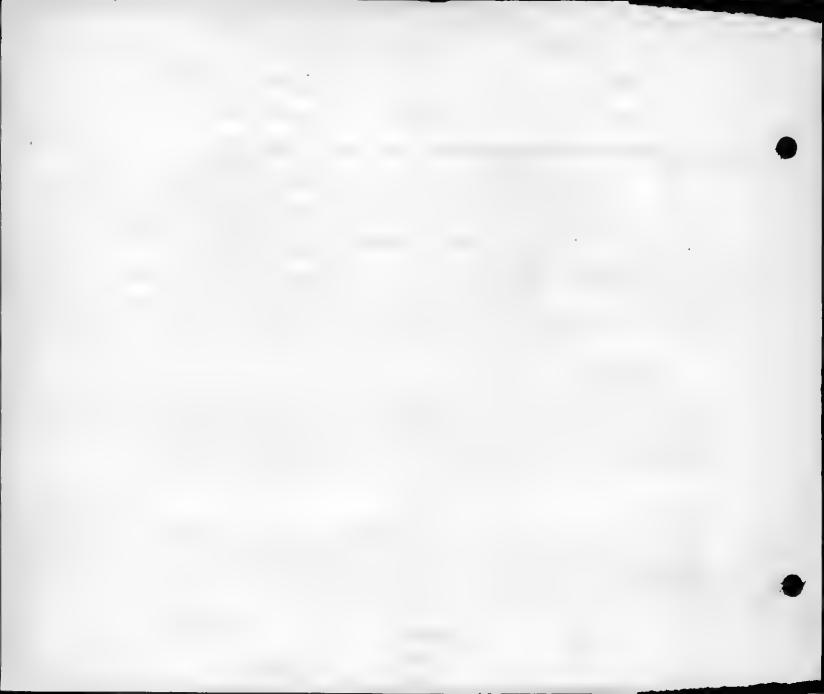
TO HOSPIT

VR A15 (4) 1SM II/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7427

1.	PLACE OF DEATH			2. USUAL RESIDENCE (W			e before admission)
'	A SECTION AS INC.	NGTON	MARYLAND	IN ARW A		COUNTY ASHIN	LTAN
		outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF			
	PORONS	30120	2 WEEKS	HAGI	ERSTOW	N	
	d. NAME OF HOSPITAL	(If nat in haspital, give street		d. STREET ADDRESS	, – ,		e. IS RESIDENCE ON A FARM?
	KEEDER	- MURSLY G-	HOME	113 001	IN ST.	<u>.</u>	YES NO X
	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Manth	Day Year
<u> </u>	(Type or print)	HARLAN	WINFIELD	MITH	DEATH C	INE - 1	2, 1960
S S	SEX	S. COLOR OR RACE 7. MARE		8. DATE OF BIRTH	9 AGE last	pirthdoy) Manths (YEAR IF UNDER 24 HRS
_	WHIE	WHITE WIDOW		APRIL-8-1	880 0	O yrs. 2	4
100	USUAL OCCUPATION during most of wooking	(Give kind of work done 10b g life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	ar fareign country)	112 CITIZ	EN OF WHAT COUNTRY?
L	ETIRED HO	LICEMAN HAGE	ERSTOWN CITY PA	ARK SOONS B	ORO WAS	CH. CA. MI	USA.
13.	FATHER'S NAME	"Like n	. ,	14. MOTHER'S MAIDEN	NAME	•	
,	I-All Towns	SANIT	14	F1-021	ENCE	HORINE	
	WAS DECEASED EVER	N U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT		Address	
Ye	s, no, or unknown) (If	yes, give war or dates of service)	21-18-7146 4	FRBERT W.	SANITH	HAGEKSTO	ARIN ARIO
F		Enter only one couse per I		FIZERICI AC.	SMITH	tru werest	INTERVAL BETWEEN
		WAS CAUSED BY:	TO CONTRACT OF	ham when	14.00.111	O. S. II.	ONSET AND DEATH
ı	1101	MMEDIATE CAUSE (o)	enter setter	brougher	The star		40-10-
ı	4-41	DUE TO					0
	Conditions, if and						
	gove rise to imi couse (a), stating the						
	lying cause last.	(c)					
NO	PART II. OTHE	R SIGNIFICANT CONDITIONS	7.		AINALD SEASE COND	ITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED?
CERTIFICATION		wind arts.		- te sou			YES NO B
ERTIF	20g ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. TEnter nature of injury in	Port I or Port II of it	em 18)	
				140-00-01-01-01-01-01-01-01-01-01-01-01-01	Toos con		77
MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	Month, Doy, Year 20d II While 19 at wor	Not while fo	LACE OF INJURY (Home, for actory, street, affice bldg., el	m, 120r. (City or fow)	n) (C	ounty) (State)
		(I) (this haspital) attend	ded the decreed for	Tieres 2 "	21. 10 1	44 12 10 2	that (I) (we) last
		(i) (inis naspiiai) alieno	ted the deceased fram.				
	saw the decease	d alive an	(2 19 2 , and that	death accurred atz.	CM, from the co	auses and on the	22b DATE
	228. SIGNATURE	teronor		M.D. ATTENDING	MED. STAP	FF	June 13:50
	22c. PHYSICIAN'S	TOSEPH SEC		22d. ADDRESS	,		
1	NAME (Type)	1275 by 2 CC	- ON HAR(4500	31730	パピートイカ	
236	BURIAL, CREMATION	23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C	ity, town, or county)	(State)
1	PEMOVAL (Specify)	JUNE - 15: 1960	BOONSBOR	CEMETERY	BOONSE	BORD INH	SH. CO.MD.
24.	FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
1	Jake &	1. Roset	BOONSBORD	MAD. DATE.	N # 7 700	Cilve & t	CA
1			יסיונטוטונט	1112	17.60	(1 1 Lang 2 7	Varia-



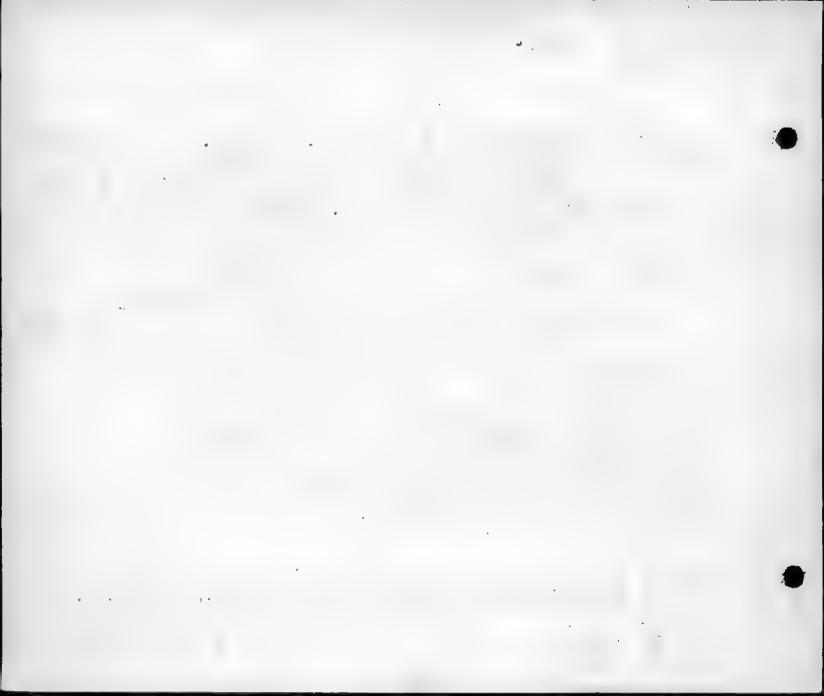
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

07422

	7/10 Tto	CERTIFICA	IE OF DEATH		
1 PLACE OF DEATH	. 120		2 USUAL RESIDENCE (W		tution Residence before admission)
o. COUNTY	shington	MARYLAND	o. STATE Marvlan	b. COUN	Washington
b. CITY OR TOWN	(If outside corparate limits, write	c. LENGTH OF STAY IN 16			e RURAL and give nearest town)
RURAL and give Hagers		Life	C3 Hager	stown	
d. NAME OF HOS	PITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	tonn County Hosp	ital	143 W. Fra	nklin St.	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Aonth Day Year
(Type or print)	MARY	JULTA	SOCKS	DEATM _	me 7 19 60
S. SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (in yet last birthda	y) Manths Doys Hours Min
Female	White WIDOW		Oct. 26 19	18 45	rrs Doys
10a USUAL OCCUPA during most of w	TION (Give kind of work dane 10b vorking life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (SIGN	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewi	fe		Maryla		USA
13. FATHER'S NAME			14 MOTHER'S MATTEN	NAME	
WILLIAM			MARY		
15. WAS DECEASED E {Yes, no, or unknown}	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	FORMANT		Address
NO		The state of the s	bert H Socks	Cumberland	
	XEATH [Enter only one couse per I	ine for (o), (b), and (c).]	21:00	4	INTERVAL BETWEEN ONSET AND DEATH
Y. A.	DEATH WAS CAUSED BY: L	/ fulriculy	Trovellar	con	5 muula
TX.	DUE TO	1	The on cle	•	1. 6
Conditions, if		or many a	They on the	rores	Che Lises
couse (a), statis	ng the under-	U			
lying couse los		CONTRIBUTING TO OCATIO BUT	NIOT DELL'ESS DO THE TERM	The second constant	GIVEN IN PART 1(a) 19. WAS AUTOPSY
PARI II.	()			4 4	PERFORMED?
S ACCIDENT	WAS UNDERLYING 20b DE	SCRIBE HOW INJURY OCCURRED	ctaris au	Part to Part II of dam 18.	The state of the s
OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE OF DEATH	SCRIBE HOW INJURI OCCURRED	. (chier nature of injury in	ron For For I of Helli is.	
20c. TIME OF INJ		t	CE OF INJURY (Home, fari	m, 20f (City or town)	(County) (State)
p. r	10	PIOT WHITE	, ,		
21 I certify t	hat (I) (this haspital) atten	ded the deceased fram	5-15-60 19	la 6-1-60	, 19, that (I) (we) last
1 5		-60 19 , and that d		, A, fram the causes	and an the date stated above.
220 SIGNATURE	M 1/			AED STAFF	22b DATE SIGNED
4	aul Harris	ا عدو	M D. PHYS D	PHYS	6-3-6
22c. PHYSICIAN' NAME (Type			22d ADDRESS		
	aul Harrison M	D	318 N. Po	tomac St., Ha	
23g. BURIAL, CREMA REMOVAL (Spec	TION, 236 DATE THEREOF	23c NAME OF CEMETERY OF	_	23d LOCATION (City, for	rn, or county) (State)
REMOVAL Spec		Rose Hill Cem			wn Maryland
24 DECEMBER		Augerstown Mary		D BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE
Guers	n Kouker	Heer poomit Bary	DATE	- T	

TO HOSPITA VR A15 (4) 1SM 9/S9



CEDTIFICATE OF DEATH

07423

19 R IF UNDER 24 HRS

OF WHAT COUNTRY?

19. WAS AUTOPSY PERFORMED? YES NO M

that (I) (we) last te stated above 22b, DATE 1960. SIGNED

(State)

		(43.3)	CERTIFICA	TIE OF DEATH	302	10 15.7.2
1	PLACE OF DEATH a. COUNTY Wa shin	eton	MARYLAND	2 USUAL RESIDENCE (W 0. STATE Maryland	here deceased lived If not b. COUI Washi	hitution: Residence before admission) NIY NOTEON
r	b. CITY OR TOWN (*) RURAL and give ne	f outside corporate limits, w parest tawn)		c. CITY OR TOWN (IF	outside corporate limits, wri	ite RURAL and give nearest fawn)
-	d. NAME OF HOSPIT OR INSTITUTION	TSTOWN AL (If not in hospital, give s	10 Mi.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	88 West	Lee St		3100 Hi	llandale R	ORd YES NO
3.	NAME OF DECEASED (Type or print)	ROBERT	Middle WILSON	SOUTH	4. DATE OF DEATH Ju	Month Day Year ne 7 1960 19
5	SEX		MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In ye lost birthdo	
	Male	White wit	OOWED DIVORCED		18 42	уга.
	during most of work Merchan	ing life, even if refired)	Tavern Opera			d. 12. CITIZEN OF WHAT COUNTR
	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Roy O	. South		Naomi	Knott	
1:		R IN U. 5 ARMED FORCES?		re Dorothy		Address Hillandale Rd
	18. CAUSE OF DEA	TH [Enter only one cause	per line for (o), (b), and (c)]	Hagerstow	m Md.	INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY	Coronary Thron			onset and death
	4-20	DUE TO	<u> </u>			111111111111111111111111111111111111111
	Conditions, if o	ny whith)				
	gove rise to i	mmediate (DUE TO				
	lying couse lost.	ine under-				
4		J (c) IER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPS
CATIO	5		None.			PERFORMED? YES NO
CEBTIESCATION		S UNDERLYING [] 20b, CAUSE OF DEATH MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I ar Part II of item 18	1
LA CTORNA	20c TIME OF INJUR Hour o. m. p. m.	V V		LACE OF INJURY (Home, fore actory, street, office bldg., all		(County) (Sta
	21 I certify that	it (I) (this hospital) at	tended the deceased from e 6 1960, and that	July 19, 19	57, ta June 7	19_60 that (I) (we) los and on the date stated above
	22a. SIGNATURE	Ma	Dell	ATTENDING N	AED STAFF	June9,1960.
	22c PHYSICIAN'S NAME (Type)	R. A. Bel	1, M.D.	22d ADDRESS	Hagerstown,	, Maryland.
2	30 BLR AL, CREMATIO	N 23b. DATE THEREOF	23c. NAME OF CEMETERY (23d LOCATION (City, to	
	REMOVAL (Specify) Burial		_	a Oa 1 -	Hararata	
2	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	250. REC	D BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	andrew K.	Coffman H	lagerstown Md.	DATE	JUN 1 3 '60	Cirthur S. Maich

Coffman Hagerstown Md.

completely TO HOSPITA ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complete. pag

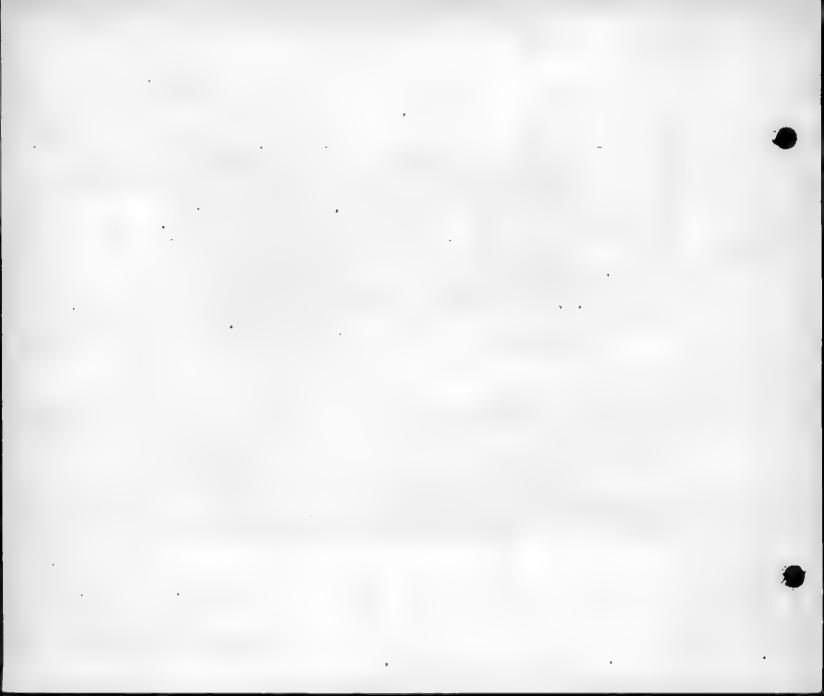
er deoth. Poge 4 the funeral director,

within 24 has

.5

filled

VR A15 (4) 15M 9/59



Children S. Kraus

250. REC'D BY REGISTRAR DATE JUN 2 8 '60

death. Page 4

the fulleral director, should be filed-with may be referred by the haspital ar attending physician.

TO FULLEAL ILLECTOR: After this certificate has been signed by the attending pllysician and momentally filled page 3 should be detached far use as the burial-transit permit. Then please remaye carbon aggers. Pages 1 of the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death

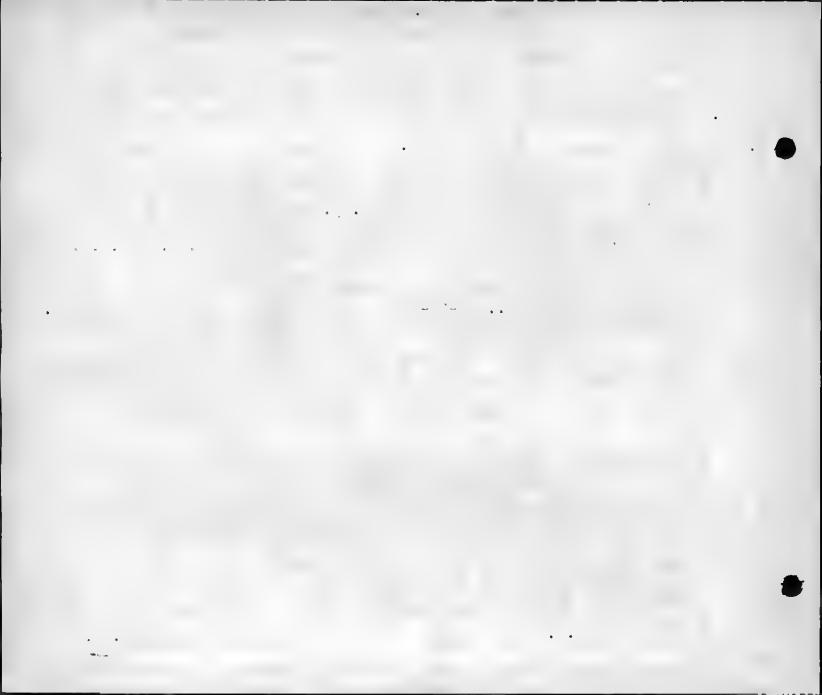
ATTENDED BINYSICIAN: The law requires that the death certificate the manual with n 24 VR A15 (4) ISM 9/59

	749	15 (4 OF 5)	CERTIFICA	TE OF DEATH	MORE I, MARTLANI		01424
1. PLACE OF DEATH O. COUNTY Washing	gton		MARYLAND	2 USUAL RESIDENCE (W	here deceased lived. If in b. CO	estitut an Residence UNTY Wash1:	ng ton
RUPAL and give Hager	(If outside corporate liming represt town) JOWN		4 Days	E. CITY OR TOWN (IF	outside corporate limits, wan Route#4	rite RURAL and giv	e nearest lawn)
OP INSTITUTION	FITAL (If not in hospital, g			d. STREET ADDRESS		1	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Jacob	Rome	n Sto	okslager	4. DATE OF DEATH	me 23 1	960 Yeor
S SEX	6. COLOR OR RACE	7. MARRIE	DIVORCED DIVORCED		882 9 AGE (In lost birth		YEAR IF UNDER 24 HI Pays Hours Min
10a USUAL OCCUPA during most of w. Farmes	orking life, even if retired	dane 10b K	Retired	USTRY 11 BIRTHPLACE (Stole Hagersto	or foreign country) wn Wash $\frac{3}{4}$ C		USA
13. FATHER'S NAME Jaoob I	R. Stockel	ager		14. MOTHER'S MAIDEN	NAME liz Winter		
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice]		ymond W. St	ockslager	Address Hagerst	own Md
	immediate DUE TO	, he	for (a). (b), and (c).] Alexanter phroacle terepolei	is- ioses + A tris Hear	istatic's	sbst,	Chung
20g. ACC DENT N	WAS UNDERLYING []		NITRIBUTING TO DEATH BU	ED (Enter nature of injury in	Port 1 or Port II of Item 1	B)	YES NO
	10	ar 20d. INJ While of work	Not while fi	LACE OF INJURY (Home, for octory, street, office bldg., etc.		(Co	unity) (Sto
	hat (1) (this hospital assed alive an 2	クーハ	d the deceased from	ATTENDING N	AM, fram the cause	es and on the	2, that (i) (we) lo date stated abov 226 DATE SIGN 24 JUNE
22c PHYSICIAN'S NAME (Type		BINFO	KD, M. D.	22d. ADDRESS POT	OMAC AVENUE,	HAGERSTO	own, M _D .
23a BURIAL, CREMAT REMOYA, Speci BUTES 24. FUNERAL DIRECTO	6/26/60	DF .	Rose Hill	gemetery	23d. LOCATION (City, 19 Hagers 19 BY REGISTRAR 256.	400	Sh & Ma

Andrew K. Coffman Hagerstown Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

07426

		744	7		CERTIFIC	AII	COP DEATH	1		Reg.	Dist. No	•	
1	PLACE OF DEATH					2.	USUAL RESIDENCE (Wh	ere decease		on. Resid	lence befo	re admis	sion)
	Wash	ington			MARYLAND		o. STATE Marvla	nd	6. COUNTY	Was	shin	gtor	7
	P CITA OK LOMN (II	autude corporate iimi	ls, write	c. LENG	OTH OF STAY IN 16	1	c. CITY OR TOWN (IF o	utside corpo	orote limits, write R	URAL on	d give ne	arest tow	n)
	RURAL ond give ne Rural Bo				years		Rural Boo	nsbo	ro				
Г	d. NAME OF HOSPITA	AL (If nat in hospital, g	ive street o	address)		1/	d. STREET ADDRESS					e. IS RES	SIDENCE FARM?
	OK 1143111011014					F	Route 2						NO 🔼
3.	NAME OF DECEASED	Fire	st		Middle		Lost	4. DATE	Mon	th	Do	ıy	Year
	(Type or print)	All	pert		C.	St	ottlemyer	DEATH		6	1	4	160
5.	SEX	6. COLOR OR RACE	7- MARR	IED 🔼 I	NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)		ER 1 YEAR	1	
	male	white	WIDOWE	D 🔲	DIVORCED [10	1881/142/		78 yrs.	Month	s Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND O	F BUSINESS OR IND	JSTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12.0	ITIZEN O	WHAT	COUNTRY
	farm ow			fa	arm		Marvla	nd			U.S		
13.	FATHER'S NAME					14	MOTHER'S MAIDEN N	AME					
	Hamilto	n Stottle	emyer	r.			Susann	а Но	over				
15		R IN U. S. ARMED FOR		SOCIAL	SECURITY NO.		RMANT		Add				
Ĺ	no	or you, give way so allow or a	7	Lon	هـ Mr:	S •	Mary Stot	tlem	yer, Bo	ons	boro	, Mc	i.
	1B. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (a), (b), and (c)-]	<u>.</u> ,					INT	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY. Queb role the war a give												
	X	DUE TO		74L				1.					
	Conditions, if or	hy, which) (b)	,	100	egue we		1 6 1 t	-1. F (constant	* 41		10 -	"] _~
	gave rise to in cause (a), stating t				0		V ,			d			1
	lying cause lost.	(c)) De	come"	×	unter	, `	a not the				
Z O	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIB	UTING TO DEATH BY	TNO	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN P	ART 1(o)	9. WAS	AUTOPSY DRMED?
CERTIFICATION												YES	
TIFE	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HO	OW INJURY OCCURR	ED. (E	nter noture of injury in F	ort I ar Po	rt II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c, TIME OF INJURY	Y Month, Day, Yes				LACE	OF INJURY (Home, form, street, office bldg., etc.	20f. (Cit	y ar town)		(County)		(Stote
MED	Hour a.m.	19	While of world	< ☐ at	of while work	actory,	, street, office didg., etc.						
	21. I certify the	at I attended the	decens	ed fra	m lleare	1.15	1950 to s	Tearer	14, 1950	that I	last say	w the c	leceasea
	alive an	7 iene 14	. 19 6			h ac	1 1/2.43		the causes an				
				_					Street, city or lown,			DA'	TE SIGNEE
	ACTUAL SIGNATURE	+ Jezob	EJak			M.D.							
		T. STO.		= =			, see	7	·	7 .			mb.
	PHYSICIAN'S NAME (Type)	1075 64	1 3	· L (EUNDIA	RI	******	500	NJ 1501	< D		17	D
22	BURIAL, CREMATION	N 226, DATE THEREC	F	22c. N	AME OF CEMETERY	OR CR	EMATORY	22d. LOC/	ATION (City, town,	ог сонп)	у)	(Sta	ie)
	burial	6/16/196	0	Lut	theran Ce	eme	eterv	Mid	dletown			Md	
23.	FUNERAL DIRECTOR'S				DDRESS		24a, REC'I	BY REGIS	TRAR 24b. REGI	-			
	Gladhil	l Company	,	Mic	ldletown.	\mathbb{N}	Id . DATE JU	N 20'	00 a	thun .	8. The	4.4	

VS A15 (4) 15M 9/58



1	III	em 20 Film 2	MARYLAND	STATE DEPART	IME	NT OF HEALT	H-BAL	TIMORE,	18 07	427
8 R &		P	749 MEDICA	AL EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dist. No	
should the	1.	PLACE OF DEATH	NGTON	MARYL	AND	2. USUAL RESIDENCE (o. STATE NEW				fore admission)
Page 4	1	CITY OR TOWN (If ourside of	orporate limits, write EURAL	c. LENGTH OF STAY II	у 15	c. CITY OR TOWN (ISLIP		RURAL ond give n	earest town)
ctor.		NAME OF HOSPITAL OR IN ASHINGTON	COUNTY H	ospital, give street address SPITAL		d. STREET ADDRESS 163 MALT	S AVE	•	(1)x 3	ON A FARMY YES NO
eral aur fi istrar		NAME OF DECEASED (Type or print)	First TTNA	Middle T.F.E.	गारा	UMPOWER	4. DATE OF DEATH	JUNE	Doy	Year 19.60
fan, far y e reg	5. 5	6. CO	OLOR OR RACE 7- MAR	RIED NEVER MARRIED	-	DATE OF BIRTH		9. AGE (In years		IF UNDER 24 HRS
₹ 5 € € - ₹ 5 €	1	FEMALE	WHITE WIDOW		- 1	9/4/1957		lest birthday]	Months Days	Hours Min.
nd 3 reto	10a	. USUAL OCCUPATION (Giv luring most of working life,	e kind of work done 10b.	. KIND OF BUSINESS OR IF	NDUSTI	MARYLA	or foreign co	untry)		F WHAT COUNTRY
nrs offe	13.	FATHER'S NAME LLOYD KENN	INFANT ETH TRUMPO	DV.ER		14. MOTHER'S MAIDEN SHIRLE	NAME	NING	U .	D.A.
Page 5		WAS DECEASED EVER IN U	. S. ARMED FORCES? Juve wor or dates of services	& SOCIAL SECURITY NO. NONE		RS. EDITH	TRU 4P		HAGERS	OWN
xecuted with flem 18. Gi of form PM3. nsit permit.		18. CAUSE OF DEATH (EMPART I. DEATH WAS	gar.	tor (a), (b), and (c).]	and	-	Com	_ du	ONS	EVAL BETWEEN ET AND DEATH
shauld be e n pencil in c along vill a burial-tra		Conditions, if any, wh gove rise to immediate co (o), stoting the underly couse lost.	DUE TO			Edde inter	msed		1/	_
ifficate soffice soffice soffice sed as	CATION			CONTRIBUTING TO DEATH	-					PERFORMED? YES 70 1
this cert of 'pen ominer'	L CERT.F	20g. EXTERNAL CAUSE WA PRIMARY [] or CONTRIBUT CAUSE OF DEATH.	and		wit	th grandfat ground	her -	iell iro	m his a	rm
Salex Sahor	MEDICA	Hour 363MC	Wh	I. INJURY OCCURRED 20	facto	ry, street, office bldg., et	c.)		(County)	(State)
Aedio age	¥	21. I certify that 1 t		work of work 🔯		out Home		erstown	Wash Inquiry	Md and find the
AL EXA		death resulted from							· · · · ·	, and mark
inficate the DIREC		ACTUAL SIGNATURE	and w.	DiHa III	_	_M.D. CHIEF MEDICAL I	XAMINER [DATE SIGNED
DEPU		EXAMINER'S NAME (Type) Edwa	ard W. Dit	to 111, M.	D.	ASSISTANT MEDICAL		_		6/8/60
cute the farway of ref	220	BURIAL, CREMATION, 225		22c. NAME OF CEMETER			22d. LOCAT	ION (City, town, o	or county)	(etof2)
5 25 5 9	22	FUNERAL DIRECTOR'S SIGN	6/9/60	ROSE H]	LL	24- DEC	ID BY BECICT	GERSTOW PAR 1245 REGIS	N N	D.
VS. A15ME(5) 5M 9/55	43.	W. J- Korn	will Ha	existoria	41	Med DATE	1 0 '60	C	us S. Hrace	



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that the Jeath certificate



TO HOSPIT

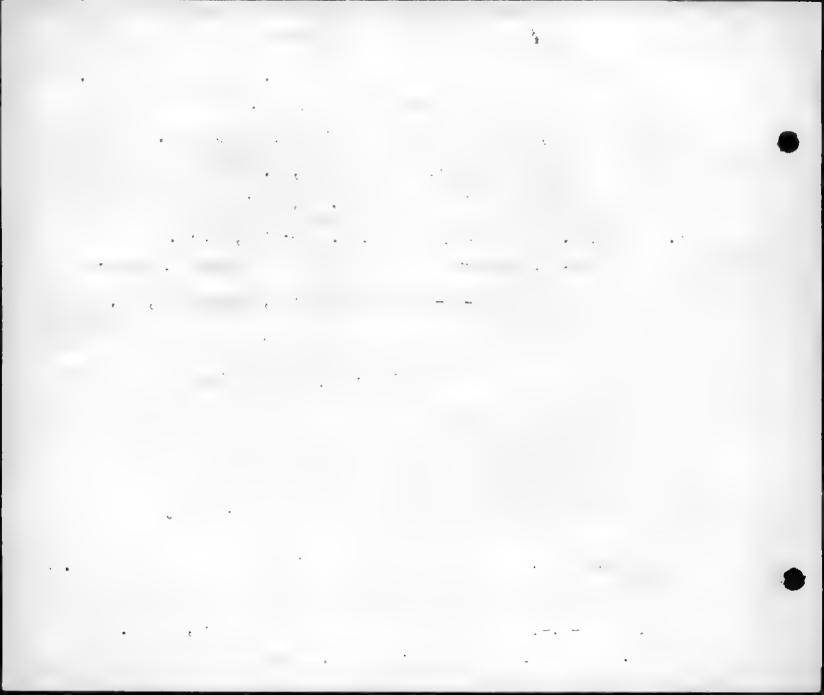
VS A15 (4) 18M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

74.94	CERTIFICATE OF DEATH				
OF DEATH	O DELLA DECIDENCE OU				

Reg. Dist. No.429

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md Md Wash
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 19 years	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	/d. STREET ADDRESS 1412 Oak Hill Ave. o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John First Kenneth	Wheeler, Sr. DATE June 15, 1960
5. SEX Male 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B DATE OF BIRTH Dec. 24, 1901 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100 USJAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIES VICE Pres refired) Ex. Vice Pres. refrigeration	
13. FATHER'S NAME Harry C. Wheeler	14. MOTHER'S MAIDEN NAME Vernie Kingsbury
49	NORMANT Address Lba Wheeler, Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last. (c)	re Cardio Vacquelachlieux Hyrs, Treated Hyrs tyrus)
CCATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part or Part of item 18)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 6-14 alive an 6-15, 1960, and that death ACTUAL SIGNATURE Robert P. Courad	accurred at 6 M. M., fram the causes and an the date stated abave. ADDRESS (Street city or town, state), DATE SIGNED M.D. 137W. Washington 6-15-60
PHYSICIAN'S Robert P. Commade, w.	O Ageistown, Med.
270 BURIAL, CREMATION, 27b. DATE THEREOF 27c. NAME OF CEMETERY O Pine Grove	Cemetery Berwick, Penna,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son, Hagerstown	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07430

	7425	CERTIFICA	TE OF DEATH			200
	LACE OF DEATH COUNTY AShington,	MARYLAND	2. USUAL RESIDENCE (YOU STATE	b.	COUNTY CAY	roll
	CITY OR TOWN (If outside Exporate limits, write RURAL and give nearest lown)	3 months	e. CITY OR TOWN (III	winis	its, write RURAL and g	0627.2
V	NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION MA; State	Hospital	d. STREET ADDRESS	110	use	e. IS RESIDENCE ON A FARM? YES NO
	TAME OF PICE ASED Type or print James	Henry	WHITE	4. DATE OF DEATH	Month	20 1960
5. 8	Male white wido	RRIED NEVER MARRIED DIVORCED DIVORCED	Sept. 2, 1	12 6	birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired)	16. KIND OF BUSINESS OR INDI	Ma	1.	12.Cm	LS.A.
	Albert Wh	:te		Becraft_		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? I	6. SOCIAL SECURITY NO. 17.	Hespit	al recovi	Address	
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (c)	Aspiration	of blo	od_		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last</u> .	Carcinon	ia of the	tong	ue	/ year
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PAR	1 (o) 19. WAS AUTOPSY PERFORMED? YES 11 NO
	20g. ACCIDENT WAS UNDERLYING [] 20b. D OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	n Port I or Port II of it	em 18.)	
MEDICAL	Haur a. m. Wh		LACE OF INJURY (Home, for octory, street, office bldg., e	rm, 20f. (City or tow	n) * 1 (C	county) (Stote)
	21. I certify that (I) (this hospital) atte	_ (morch 16, 1	10		b , that (1) (we) tost date stated above.
	Houng E.	Chun		MED. STAI	s d	SIGNED SIGNED
	22c. PHYSICIAN'S YOUNG E	. CHUN	22d. ADDRESS	Penna.	Ave Hay	erstown, Ma
230	BURIAL, CREMATION, 23b. DATE THEREOF	Anatomy Ba	OR CREMATORY Md.	13d to CATION IC	ity, town, or county	Magore)
24.	funeral director's signature	ADDRESS /	25g. RE	C'D BY REGISTRAR UN 2 7 '60	25b. REGISTRAR'S SIG	

. . .

miller state of L. P. C. C. STREET, S. Vegthalitelie DISTANCE TO SERVE stilled build WESTERN HE STEET HERPITAL A THE TAX A PARTY a de The Reference of the Con-5 671 JAPA-There to the John Later Committee Services Action of the contraction DINIPHE Z. टिस्टर मिन्नास के मेरे देश नुसूत । मेर कर There's land the said the said the said The organization of the programme of

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITA

VS A1S (4) 15M 9/58

fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		71.6	0.0	CERTI	FICA	TE OF DEAT	TH		Reg. D	ist Ng	743	9
1.	PLACE OF DEATH	Vashingto:	1	MARYLAND		2. USUAL RESIDENCE (Va. STATE Md.	Where decease	d lived. If instituti b. COUNTY			re odmiss	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town				15 days	N 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Smithsburg rural						
d. NAME OF HOSPITAL (If not in hospitol, give street address) Washington County Hospital						/d. STREET ADDRESS RFD 1				e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	Icia Eir		Middle Etts		lost Wolfe	4. DATE OF DEATH	June		15	,	Year 19 60
	temale	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRIE	_ 1	Aug. 5, 18	389	9. AGE (In years last birthday) 70 yrs.	Months Months	R 1 YEAR Days	Haurs Haurs	Min.
100	during mast of work	ON (Give kind of work in life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUST	Garfiel			12.CI	TIZEN OF	WHATC	OUNTRY?
13.	FATHER'S NAME	Roman Wo	lfe			14. MOTHER'S MAIDEN		urah Ku	hn			
		R IN U. S. ARMED FOR If yet, give wor or dates of a	ervice)	SOCIAL SECURITY NO. 20-18-118		Charles I	F. Wol	fe, Smi		oure	, Mo	1.
CERTIFICATION	Canditions, if or gave rise to it cause (a), stating the lying cause lost. PART II. OTH	DUE TO ny, which n mediate the <u>under.</u> (cressignificant con Rheumatoi	Pro	CONTRIBUTING TO DEA	<u>тн</u> вит N	m1 Toxici	MINAL DISEAS		TEN IN PA	RT 1(o) 1	9. WAS A	AUTOPSY RMED?
MEDICAL C	20c. TIME OF INJUR Hour a. m. p. m.		20d. II While at war	Nat while	20e. PLA	CE OF INJURY (Hame, fa ary, street, office bldg., e	arm, 20f. (City	y Dr tawn)		(Caunly)		(State)
	actual SIGNATURE CO	of Lattended the 15 Lawles 2	196		death	accurred at 9:31	ADDRESS (S		d an th		stated	E SIGNED
220	REMOVAL (Specify)	0-19-6		22c. NAME OF CEME Smiths			22d. LOCA	TION (City, town, thsbure	ar caunty)		(State	b)
	Scott F.		& Sc	ADDRESS on, Smiths	bur	g. Md. DATEJ	C'D BY REGIST		STRAR'S S			

TOTAL TOTAL STATE OF THE PARTY mornal light notantheni Light streets and die average of Lattenet transfer nor attack ament which again and Aug. 5, lost-1 vo. edimu elmual Territoria, IM. 021/2000 mank desped Form wolfe and and and the court of the contract of the c the analysis telling of the contract the con Books Y. Minnich & Son. Buttheburg, M.